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FIRST MEETING
NATIONAL ADVISORY COUNCIL ON THE
REHABILITATION OF DISABLED PERSONS
MAY 14th AND 15th, 1962

NATIONAL CO-ORDINATOR
CIVILIAN REHABILITATION

DEPARTMENT OF LABOUR
OTTAWA

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PROPERTY OF CANADIAN REHABILITATION
COUNCIL FOR THE DISABLED
TORONTO

MINUTES



The First Meeting

of

THE NATIONAL ADVISORY COUNCIL

ON THE

REHABILITATION OF DISABLED PERSONS

held in

The Department of Labour Board Room
The Confederation Building

Ottawa, Ontario

May 14 and 15, 1962

National Co-ordinator,
Civilian Rehabilitation,
Department of Labour,
Ottawa, Canada.

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NOTES ON ATTENDANCE AT MEETING

MEMBERS OF NATIONAL ADVISORY COUNCIL PRESENT (A complete list of National Advisory Council Members appears as Appendix "A")

Unable to attend:

Mr. E.J. Rider,
Director,
Veterans Welfare Services,
Department of Veterans' Affairs,
Ottawa, Ontario.

Mr. Roy Campbell,
52 Forden Crescent,
Montreal, Quebec.

Mr. Julien Major,
Director of Welfare,
Quebec Federation of Labour.

Alternate:

Mr. G.L. Mann, (for Mr. E.J. Rider)
Chief,
Special Services Division,
Department of Veterans Affairs,
Ottawa, Ontario.

OBSERVERS FROM PROVINCIAL GOVERNMENTS

Mr. Henry F. Irwin,
Provincial Co-ordinator of Rehabilitation,
Department of Public Welfare,
Edmonton, Alberta.

Mr. C.E. Bradbury,
Rehabilitation Co-ordinator,
Department of Health Services
and Hospital Insurance,
Vancouver, British Columbia.

Mr. Walter N. Boyd,
Provincial Co-ordinator of Rehabilitation Services,
Department of Health,
Winnipeg, Manitoba.

Mr. J.L. Amos,
Provincial Co-ordinator and Director
of Rehabilitation Services,
Department of Public Welfare,
Toronto, Ontario.

Mr. Raymond Lauzon,
Physically Handicapped Division,
Department of Youth,
Montreal, Quebec.

Mr. Paul Andre Fournier,
Director,
Youth Aid Services,
Department of Youth,
Quebec, Quebec.

Mr. G. Allan Roeher,
Provincial Co-ordinator of Rehabilitation,
Department of Social Welfare and
Rehabilitation,
Regina, Saskatchewan.

OBSERVERS FROM FEDERAL GOVERNMENT DEPARTMENTS

Department of Labour	C. Ross Ford, Director, Technical and Vocational Training Branch.
	C.V. Martin, Assistant Director, Information Branch.
	P.R. Parent, Director, Administrative Services Branch.
	H.L. Douse, Chief, Division on Older Workers.
	Miss V.A. Sims, Civilian Rehabilitation.
	Miss V. Lawford, Civilian Rehabilitation.
Department of National Health and Welfare	M. Bruce McKenzie, Medical Rehabilitation and Disability Advisory Service.
	Mrs. M.E. Whitridge, Medical Rehabilitation and Disability Advisory Service.
	Miss J. Dorgan, Mental Health Division.
	Miss C. St. John, Research and Statistics Division.
Department of Northern Affairs	J.M. Saulnier, Rehabilitation Services, Welfare Division.
National Employment Service	A.G. Wilson, Chief, Applicant Specialists Division.
	G.A. MacDonald, Applicant Specialists Division.

A G E N D A

MEETING OF THE NATIONAL ADVISORY COUNCIL ON THE REHABILITATION OF DISABLED PERSONS

Ottawa, Ontario, May 14 and 15, 1962

Department of Labour Board Room, Room 175
Confederation Building

-
1. Welcome to Members - Mr. George V. Haythorne, Deputy Minister,
Department of Labour
 2. Chairman's remarks - Brigadier James L. Melville
 3. Minutes of the last meeting of the National Advisory Committee
on the rehabilitation of disabled persons
 4. National Co-ordinator's report
 5. Review of related Government programs

Department of Labour - Vocational Training

Mr. C. R. Ford, Director,
Vocational Training Branch.

Department of National Health and Welfare - Hospital Insurance -
Health Grants

Dr. J. H. Horowicz,
Principal Executive Officer,
Health Services Directorate.

Dr. O. Hoffman, Chief,
Medical Rehabilitation Division.

The National Employment Service - Placement

Mr. C.A.L. Murchison, Commissioner,
Unemployment Insurance Commission.

6. Review of provincial developments
7. The Vocational Rehabilitation of Disabled Persons Act
The Vocational Rehabilitation of Disabled Persons Agreement
Main administrative clauses including Appendix 1
Schedule 1 - Assessment and Counselling Services
Schedule 2 - Services and Processes of Restoration
Schedule 3 - Vocational Training Services
Schedule 4 - Employment Placement Services
Schedule 5 - Staff Training and Development
8. Sheltered employment and vocational adjustment services
(Quebec conference, October 1962)
9. Other business
10. Adjournment

MINUTES OF THE FIRST MEETING

of the

NATIONAL ADVISORY COUNCIL ON THE
REHABILITATION OF DISABLED PERSONS

Ottawa, Ontario

May 14 and 15, 1962.

Chairman - Brigadier James L. Melville.

Monday, May 14

After calling the meeting to order, the Chairman suggested that the proceedings be carried out in an informal manner and hoped that there would be good discussion. He expressed his regrets that the Honourable Ministers of Labour and National Health and Welfare had not been able to greet the members in person. He then called on Mr. George V. Haythorne, Deputy Minister of Labour, to welcome the members of the council.

1. WELCOME TO MEMBERS

Mr. Haythorne expressed the regrets of the Ministers of Labour and National Health and Welfare at their inability to be present and extended their wishes for a successful meeting. Mr. Haythorne, in commanding the membership of the Council for their contribution to the development of rehabilitation services in Canada, stressed the important role of the Council in advising the Government in the development of the Federal-Provincial Vocational Rehabilitation Program. He pointed out that several provinces had now signed Agreements under the Vocational Rehabilitation of Disabled Persons Act and stated:

"We can feel confident that the programs now underway by the voluntary agencies and by the federal and provincial governments will assume a greater importance in the future."

He pointed out that the results of the program to date had shown that, with help of the right kind, disabled persons were enabled to take their place in the community and contribute to the economic life of the country rather than remain dependent on relatives or public assistance. He thought it was important to identify clearly the methods and techniques required to accomplish this, such as the types of counselling and diagnoses which are particularly needed, not only for identified groups of the physically disabled, but also for those who had other kinds of handicaps or disabilities. He stated that there was a great number of persons today whom we called the "unemployable unemployed", and some of these were unemployed for reasons other than physical conditions. He was, therefore, pleased that there was provision in the legislation for research and suggested that, through research, all groups of disabled persons who could benefit from vocational rehabilitation services might be more clearly identified. He suggested that methods used in rehabilitation could well be extended with considerable benefit to those who were handicapped by social and economic problems. Many people in these categories were just as handicapped as the physically disabled and he suggested that thought should be given to extending the program into these areas.

2. CHAIRMAN'S REMARKS

The Chairman thanked the Deputy Minister for his suggestions stating that the thoughts and ideas that Mr. Haythorne had introduced would stimulate discussion later on. The Chairman remarked that, since the last meeting of the National Advisory Committee, much had happened in the field of vocational rehabilitation and much remained to be done as indicated by Mr. Haythorne. He continued:

"You have all received a copy of the Vocational Rehabilitation of Disabled Persons Act establishing, under statutory authority, this National Advisory Council to advise the Minister. Under Order-in-Council P.C. 1962-500 the membership has been appointed for a period of three years.

"The main question to be dealt with at this meeting is the implementation of the legislation for the further development of the program. As a group representing governments, labour, management, health and welfare organizations and universities, your collaboration and advice can do much to make the Canadian program move forward more rapidly and bring about the co-operative effort that is required for disabled persons to receive proper and adequate services. This is, indeed, a great responsibility which will ask much effort and much understanding of the methods and processes involved in the rehabilitation of our disabled Canadians and the need to make the program known and understood throughout Canada. You will bear with me if I repeat what most of you already know: that vocational rehabilitation is only possible through the working partnership of government and voluntary agencies at all levels. Their efforts together with the active participation and understanding of all those persons and associations which form our Canadian society are required if our disabled are to be given an opportunity to take their rightful place in the community.

"You will note that the Agenda is divided into two main parts; the first is a quick review of related programs and provincial developments and the second part deals with the Act and the Agreement under which federal and provincial authorities will collaborate in the implementation of the vocational rehabilitation program."

3. MINUTES OF THE LAST MEETING OF THE NATIONAL ADVISORY COMMITTEE ON THE REHABILITATION OF DISABLED PERSONS

The Chairman, after some brief comments regarding the contribution of the National Advisory Committee on the Rehabilitation of Disabled Persons, asked for a motion for the acceptance of the Minutes of the last meeting. It was moved by Mr. Egerton Brown, seconded by Dr. Gingras, and carried unanimously that the Minutes be adopted.

4. REPORT OF THE NATIONAL CO-ORDINATOR

The Chairman called upon Mr. Ian Campbell, National Co-ordinator, Civilian Rehabilitation, who extended a few words of greeting and then presented his report which appears as Appendix "B".

There were several questions from the members regarding programs and developments in European countries. These dealt mainly with the number and types of sheltered and industrial workshops and vocational adjustment facilities. There were questions regarding interest in Europe in the employment, re-employment and rehabilitation of older workers and the rates of pay received by handicapped workers in special facilities. Mr. Campbell, in replying to these questions, indicated the acceptance of community responsibility and community participation in the European programs which he had seen and the trends towards the broadening of vocational rehabilitation programs to include persons with social and economic handicaps. Mr. Campbell described a form of government assistance to voluntary agencies in Norway towards the building of factories on the undertaking that the firms using these premises would employ the handicapped. He explained that this was indicative of the collaboration which existed between local community organizations, business and government.

In reply to questions and comments regarding the broadening of the existing rehabilitation legislation, Mr. Campbell pointed out that it had been possible for this to happen in European countries only because there existed in those countries vigorous and well-established programs for the rehabilitation of the disabled from which services could be extended to include other categories.

In answer to a question regarding medical assessment in European countries, Mr. Campbell reported that, in the countries which he visited, there were adequate medical services for this at the community level, with regional special facilities to serve difficult or complex cases.

In reply to a query as to Canadian trends in early referral to rehabilitation, Mr. Campbell indicated that there had been a great deal of improvement, but that there was as yet little evidence that, within hospital organizations, procedures had been established for the referral of all those with substantial residual disability.

5. REVIEW OF RELATED GOVERNMENT PROGRAMS

Vocational Training

The Chairman then called on Mr. C.R. Ford, Director, Technical and Vocational Training, Department of Labour, to report on developments in the vocational training field and their relation to the vocational rehabilitation program. Mr. Ford stated that the objective of the Federal-Provincial Training Program was to promote training to prepare individuals for entry into successful employment. He asked Mr. R. MacCuish, Assistant Director, Technical and Vocational Training, to review present developments in the vocational and technical training field. Mr. MacCuish's report appears as Appendix "C".

Mr. Campbell thanked Mr. Ford and his colleagues for their interest and collaboration in extending training services to the disabled. He remarked that from the beginning of the program one of the stumbling blocks had been the great number of disabled persons who lacked basic education to enter and participate in the various training programs. Mr. Murchison concurred with Mr. Campbell's remarks and stated that the low academic standing of handicapped job applicants was one of the greatest problems in their job placement.

There were many questions and much discussion regarding basic academic pre-requisites for admission to vocational schools and entry into occupational training. There were also questions regarding the acceptance of training courses in academic subjects under Program 6 (Training of Disabled Persons) of the Agreements under the Technical and Vocational Training Assistance Act. Both Mr. Ford and Mr. MacCuish, in their replies and comments to the various questions and points raised, reiterated that the basic aim of the Vocational Training Program was to prepare individuals for occupations. On this basis, any training preparing an individual for a job could come under the program. They also pointed out that there were no deterrents to special courses, or the use of private training facilities at night, or the organization of special courses, or the use of private training facilities of adequate standards. It was pointed out that in Canada evening enrolments are much larger than during the day and that the present Training Agreement provides for courses at all times. Mr. Ford explained that many occupations now require more education than formerly. When there was a surplus of manpower, employers became more selective. Many of the schools that were expanding in Canada would have to establish programs to develop qualifications that were essential to enter a wider range of occupations. If the trade schools did not have the facilities to provide the necessary background, then they would not meet the needs of the bulk of the population of Canada. He did not like the idea of using the words "trade schools", but preferred the term "area vocational schools".

In answer to a question regarding the diversity of training Mr. MacCuish replied:

"This is certainly developing and it is true that the scope of training opportunities has been narrow. This is broadening. Everybody seems to realize that we will have to go further. Last Winter there were over 100 different occupational areas in which training was offered for unemployed people."

The Chairman thanked Mr. Ford and Mr. MacCuish for their attendance and contribution.

Hospital Insurance and Health Grants: Medical Rehabilitation

Brigadier Melville asked Dr. J.H. Horowicz, Principal Executive Officer, Health Services Directorate, to review the Hospital Insurance and Health Grants Programs in relation to the Vocational Rehabilitation Program. Dr. Horowicz's statement appears as Appendix "D".

The Chairman asked the membership to withhold discussion pending the other reports from the Department of National Health and Welfare. Dr. O. Hoffman, Chief, Medical Rehabilitation Division, next presented a review of the Medical Rehabilitation Program which appears as Appendix "E".

* * * * *

Monday, P.M.

Related Welfare Programs

At the opening of the afternoon session, Mr. John Osborne, Director of the Research and Statistics Division, Department of National Health and Welfare, reviewed briefly the related welfare programs administered by his department. His remarks appear as Appendix "F".

The Chairman opened the discussion of the presentations by officials of the Department of National Health and Welfare. The question was raised as to what age a person was considered to be an adult for the purposes of the vocational rehabilitation program. It was explained that in many cases this depended upon age limits (such as school leaving age) fixed by provincial legislation. However, Mr. Campbell pointed out that no specific age limits were mentioned in the Agreements for acceptance in the vocational rehabilitation program. This was best left to provincial administration according to the individual applicant's situation. Visual handicaps of school children and adults were discussed and Dr. Hoffman said that wherever indicated, the Federal Government was encouraging provincial authorities to treat individuals for the purpose of restoring their sight.

The Chairman thanked Dr. Horowicz, Dr. Hoffman and Mr. Osborne for their presentations.

Placement Services

Mr. C.A.L. Murchison, Commissioner, Unemployment Insurance Commission, addressed the Council on placement service. His talk is attached as Appendix "G".

The Chairman, in thanking Mr. Murchison for his presentation, stated that it was most encouraging to know that the National Employment Service was planning and extending services designed to assist the disabled in job placement.

The percentage of time spent by Special Placement Officers in seeking job opportunities for disabled clients was mentioned and Mr. Wilson indicated that this was a prime purpose of Special Placement Services. It was reported that in one province the appointment of an Employment Liaison Officer had resulted in a greater number of referrals by the National Employment Service to the rehabilitation authorities for assessment and restorative services and that, in many cases, these individuals were subsequently referred back to the Employment Service for job placement. One of the benefits of liaison was the securing of sound medical information before placement was attempted. In general the liaison was considered by this province to be of great benefit to the provincial vocational rehabilitation program.

The growing number of requests made to general practitioners for the completion of forms and medical opinion regarding allowances and the determination of physical capacity for work was the subject of much discussion. It was the consensus of the medical members of the

Council that the completion of such reports was very difficult and that there was a gap in the co-operation and liaison between government agencies and medical practitioners. The completion of application forms for disability allowances was cited as an example where medical practitioners were not informed of the outcome of their examinations and recommendations.

The discussion turned to requests for adequate medical opinion in the case of candidates for training and job applicants. Dr. Fahrni said that there was a real place for medical opinion in cases being considered for vocational training and placement. He thought that there should always be a medical viewpoint on the suitability of types of training and jobs. It was reported that the Employment Service requests medical certificates from handicapped job applicants whenever it was recognized or established that the job applicant was handicapped. It was also reported that there were many cases when the opinion of the family doctor had been extremely valuable in the determination of suitable job placement.

There was some discussion on the problem of lack of motivation to work on the part of some individuals being considered for rehabilitation services. This was particularly noted by one of the representatives of the medical profession and by officials of the National Employment Service. One Council member stated that one of the traditional ways in which people without income have established their rights or eligibility to public assistance from governments had been by proving they were ill or handicapped. He said that public welfare services needed to develop the philosophy of assisting people to move towards self sufficiency. There was general concurrence with this statement and it was agreed that much work could be done so that persons in this group could be properly assessed and assisted through various rehabilitation stages to eventual economic independence.

6. REVIEW OF PROVINCIAL DEVELOPMENTS

The Chairman asked Mr. R. Noel Meilleur, Assistant Coordinator, Civilian Rehabilitation, Department of Labour, to present a review of provincial developments as reported by the provinces. Mr. Meilleur's presentation, including charts, appears as Appendix "H".

In the discussion which followed there was universal agreement on the need for developing methods of reaching disabled persons early following the onset of disability. The medical representatives gave strong endorsement to this principle of early identification of those individuals with substantial residual disability and suggested that every effort should be made to ensure that such persons were referred to vocational rehabilitation services. It was thought that, in view of the known incidence of disability in Canada, the number of persons coming into the Vocational Rehabilitation Program was still relatively small. It was suggested as one reason for this that doctors and hospital services were not generally aware of all that the rehabilitation services had to offer. It was reported that in one metropolitan area, as a result of a broad educational program, disabled individuals were now referred to restorative services at a very early stage of illness or disability. Dr. Gingras thought that one answer to this problem lay in endoctrinating medical students, nurses and other health workers, in rehabilitation concepts during their training.

The meeting was adjourned at 4.00 P.M.

Tuesday, May 15

7. THE VOCATIONAL REHABILITATION OF DISABLED PERSONS ACT

The Chairman called the meeting to order at 9.00A.M. and stated:

"We are indeed fortunate in having in the membership of the Council representatives of various departments of governments and members representing labour, management,

medicine and the universities. This provides an opportunity for representatives to place before the Council any problems that may be identified in their particular sphere of activity and also allows government representatives to place before the Council any problem requiring study. I hope you will take advantage of this opportunity to discuss them and possibly to clear them up."

The Chairman asked Mr. Campbell to read the texts of the Act and the Agreement and suggested to the members that they interrupt whenever they wished to ask questions or make comments.

(Questions, comments and discussions are listed under the various sections and paragraphs of the Act and Agreement).

Clause 1 and 2

The definition of a "disabled person" received favourable comments. On the question of persons disabled by old age, it was pointed out that it was up to the provinces to decide in the individual cases whether or not the individual came within the meaning of the Act and whether the processes of rehabilitation might restore the individual to vocational usefulness.

Clause 5

It was noted by the Chairman that, in accordance with the provisions of this Clause of the Act, the co-ordination of federal activities in rehabilitation was greatly assisted through the establishment of the Interdepartmental Committee on Vocational Rehabilitation and Co-ordination of Rehabilitation Services. At the administrative level, the Committee was chaired by the National Co-ordinator, Civilian Rehabilitation, and included in its membership were representatives of Civilian Rehabilitation, Technical and Vocational Training (Department of Labour), Health, Welfare and the National Employment Service. Regular liaison was maintained between these departments in the interests of the Vocational Rehabilitation Program, and the Committee met as required to assure that the activities of the various branches and departments were in accord with the overall development of vocational rehabilitation. The Committee met semi-annually with the Deputy Ministers of Labour, National Health, Welfare and with the Chief Commissioner of the Unemployment Insurance Commission.

Clause 6

There were many questions regarding research and it was pointed out that research could be carried out as indicated in the Act by the federal authorities or in co-operation with the provinces. Where proposed research touched on physical restoration the provincial proposals would be considered jointly by both federal departments concerned, National Health and Welfare and Labour.

THE VOCATIONAL REHABILITATION OF DISABLED PERSONS AGREEMENT

Definition

j) "Substantially gainful occupation"

There were questions regarding the definitions of "substantially gainful occupation" and "employment" or "employment placement". It was explained that these terms, particularly the first one, were quite broadly interpreted. For example, "substantially gainful occupation" could properly include the assumption of home duties by the disabled housewife.

c) "Vocational Rehabilitation"

There was some discussion as to the interpretation of "vocational rehabilitation". It was noted by Mr. Campbell that "vocational rehabilitation" as defined in the Agreement had as its

goal the enabling of a disabled person to pursue regularly a "substantially gainful occupation". As already mentioned, this goal could include vocational usefulness in the home. Some provinces had expressed doubt as to the feasibility of accepting this broader interpretation in their implementation of the Vocational Rehabilitation Program. However, it was pointed out that the object of all rehabilitation services was to restore the disabled individual to the highest possible level of self-sufficiency. If, therefore, an individual could be enabled to look after himself and to perform normal home duties through the help of vocational rehabilitation services, and thus dispense with the need for being kept, say, in hospital, this should be encouraged and could quite rightly be a vocational rehabilitation goal within the definition of "vocational rehabilitation". This was not the same thing as providing alternative care for those individuals still requiring a degree of attention, albeit not at the active hospital treatment level. The goal of vocational usefulness in the home pre-supposed that the individuals were going to be able to look after themselves and perform the usual tasks of household management.

i) "Counselling services"

It was pointed out that counselling services were continued through to the satisfactory conclusion of cases and cases were re-opened whenever the disabled individual required further service.

Section 7 (Provincial Co-ordination)

The comments on this section evolved from the consideration of the responsibility in children's programs and the co-ordination of provincial agencies. In regard to children's programs, the members were informed that, under the Crippled Children's Grants, assistance was provided for the establishment and maintenance of Crippled Children's Registries. On the matter of Co-ordination of Provincial Government Agencies, it was stated that the intention was to see as many aspects of government as might be concerned with rehabilitation services brought together into the program so that they all would be aware of the overall concerns of the program. Co-ordinating arrangements should also be organized on a local basis wherever necessary.

There were very few comments on the remaining sections of the Agreement except for the following relating to staff training and publicity.

Staff Training

In regard to staff training, it was reported that the National Office had co-operated with various provinces in organizing training seminars. It was pointed out that one of the difficulties was that the provinces needed all their available staff for the task on hand and anything taking staff away might upset their programs. More definite ways of improving staff standards were being studied.

Publicity

With regard to publicity, it was hoped that the provinces, in co-operation with the National Office, would use every means to assure adequate publicity on the Program.

* * * * *

At the conclusion of the reading of the main text of the Agreement, the Chairman invited comments from the members. Colonel Baker stated:

"I would like to compliment those responsible for drawing up this Agreement. It has impressed me as being very comprehensive and realistic. This will be a great help not only to the disabled themselves, but to all concerned".

The Chairman thanked Colonel Baker for his remarks and called on the provincial representatives for their comments regarding the text and terms of the Agreement. The overall opinion was that the Agreement was generally satisfactory.

At the Chairman's request, Mr. Campbell then carried on with the reading of the Appendix and Schedules of the Agreement and the comments and points of discussion are listed hereunder as related to sections of Appendix 1 and the various schedules.

Appendix 1 (Shareable Costs)

Various points were clarified regarding shareable costs for conferences, the transportation of workers and maintenance allowances. There was much discussion on the training and development of Rehabilitation Officers and it was pointed out that there was yet no course that turned out a Rehabilitation Officer but that a person on the job could often benefit from supplementary training and the provisions in the Agreement were intended to take care of this need. During the discussion, other programs of assistance for the training of staff in the fields of Health and Welfare were discussed in relation to federal assistance under the Rehabilitation Agreement. The opinion was expressed by some members that the necessity for persons to be already on the staff of the provincial rehabilitation programs before they could be trained under the Agreement, limited to some extent the use which could be made of the training provisions of the Agreement. Other members found certain advantages in taking persons on staff before providing further training for them.

Resolution

The Section under discussion, Appendix 1, Section 3 of the Agreement, reads: "The cost of training of persons as counsellors or administrators employed in the Provincial Vocational Rehabilitation Program, or by agencies designated by the Province to carry out a particular aspect of the Program, provided such training is designed to increase the efficiency of the staff and the effectiveness of the Program, such costs to include necessary transportation, tuition, books and equipment, and living expenses if necessary in accordance with provincial regulations during the period of training; except that costs shareable under this item shall not apply to staff that may be trained under the National Health Grants or under the Technical and Vocational Training Agreements."

It was moved by Mr. Mackenzie and seconded by Mr. Talbot that this Committee recommends that the Federal Department of Labour considers substituting in Appendix 1 - Section 3 - line 1 - the words "for the" for the words "employed in the" and line 2 the word "by" changed to read "for". Section 3 would now read:

"The cost of training of persons as counsellors or administrators for the Provincial Vocational Rehabilitation Program, or for agencies designated by the Province to carry out a particular aspect of the Program, provided such training is designed to increase the efficiency of the staff and the effectiveness of the Program, such costs to include necessary transportation, tuition, books and equipment, and living expenses if necessary in accordance with provincial regulations during the period of training; except that costs shareable under this item shall not apply to staff that may be trained under the National Health Grants or under the Technical and Vocational Training Agreements."

The motion was carried.

The group then discussed arrangements for research as compared with other federal-provincial programs noting that in other departments the Federal Government assumed the entire cost.

Schedule 1 and 2 (Assessment and Counselling. Services and Processes of Restoration)

There was much discussion regarding "schedules of fees" for services not generally listed on existing schedule of fees for professional and other vocational rehabilitation services. Fees for prosthetic and other devices appeared to differ from province to province and varied from one firm to another. The consensus was that the matter of proper and adequate fee should be established by the provinces on an individual basis according to established standards of service and reasonable price scales.

Schedule 4 (Employment Placement)

In discussing the placement of the disabled, much emphasis was laid on the need for continuous service through close collaboration between the Rehabilitation Office and the Special Placement Service. It was agreed that the Rehabilitation Officer was responsible for following each individual case through to a successful conclusion in co-operation with all agencies and it was established that this was the policy across Canada.

Schedule 5 (Staff Training and Development)

Much of the discussion by the membership was concerned with the source recruitment of Rehabilitation staff.

General discussion

The Chairman then solicited the comments of representatives of labour, management, the medical profession and the universities.

The members of the medical group felt that there was much interest by the members of the medical profession in rehabilitation programs. Much work, however, remained to be done in informing doctors regarding restorative and rehabilitative services. The prosthetic field was singled out as an area which required much development and research. The costs of prosthetic appliances were in many cases prohibitive and it was hoped that there would be a change for the better before too long. The medical representatives expressed their appreciation for the great amount of work that went on each day in rehabilitation.

The employers' representatives stated that the legislation and Agreement brought to fruition efforts which had been directed towards such a goal for many years past and noted that there has been an evident improvement in the attitude of many employers towards the employment of handicapped persons. It was now the general feeling that handicapped persons brought to the job an attitude of seriousness sometimes lacking in the average employee and that this was often beneficial to the employer.

It was reported that organized labour had always given its support and co-operation in the provision of employment for the handicapped. There had been some difficulties in a few cases at the local level when the local union worker was not aware of the philosophy and attitude of the union leaders towards the handicapped.

The representatives of the universities stated that it had been the most interesting experience for them to learn of the extent of the work carried out in this field and that they would inform their organizations regarding the program and that they would also study ways and means to extend the contribution of universities to the program.

8. SHELTERED EMPLOYMENT AND VOCATIONAL ADJUSTMENT SERVICES

At the Chairman's request Mr. Campbell reviewed developments leading to the conference on Sheltered Employment which is to be held near Montreal in October. He related how the Canadian Council for Crippled Children and Adults had expressed the desire to do something in this regard through the co-operation of Government and voluntary agencies. The Federal Government had contributed to the conference through covering the expense of bringing a specialist from the United Kingdom to participate at the conference.

Mr. Campbell said that, within the Federal-Provincial Program, support had been given to sheltered and vocational adjustment facilities through the purchase of services for individuals. It was hoped that the Provincial Co-ordinators would attend the conference and would meet at a Provincial Co-ordinators' meeting before and after the conference.

9. OTHER BUSINESS

Mr. Egerton Brown asked the Chairman for leave to speak and made the following remarks:

"If there is no other business to cover as such at this time, it might be an appropriate point for some remarks to be made, particularly from a person not representing Government. During these two days, we have heard from officials from the Department of Labour, the Department of National Health and Welfare and the National Employment Service of what has been done and what they are proposing to do. We have read the Act and studied it and have been over the Agreement. Now let us ... think back to the Toronto Conference of 1951 and remember the anxieties that were there - the needs that so many felt across the country - the concern that we had for the less fortunate Canadian citizen who was not being helped to overcome his disability - the confusion that existed in the field at that time and this was complicated by shortage of skilled staff and competent agencies to deal with the problem. We look forward from what happened at that time to the appointment of Mr. Campbell in June of 1952, and we think of the new schools for therapists that have been established, the new organizations that have been built to bring rehabilitation to the disabled, the changes that have occurred in our general hospitals, the funds that have been made available by federal-provincial sources. The figures we have seen have shown a growth in the progress which has been made on so many fronts. Now we have this Act. The Committee has become a Council. I think we should recognize this as a mile-stone in the progress of this effort in Canada and I, for one, would like to congratulate the members of the Government departments, both federal and provincial, that have worked so hard to bring this about in Canada. I know that there have been frustrations on many occasions. I say we owe these people a real vote of thanks and I am sorry that there are some who were with us and who played such a big part that are no longer with us to say it: Father Beaudin for one, Dr. McNally another, and Eddie Dunlop. We have only had one motion drafted before us at this meeting, but I hope that this does not mean that we have not got the drive behind us to carry this to all Canadians who need the help. The fervency that was there ten years ago is not noticeable now but let us hope that we still can keep the drive behind it to get the job done. I should also like to move a hearty vote of thanks to the members of the government departments."

Colonel Baker seconded the motion of thanks. ~~the members of the new Council~~
~~are now well made.~~

Brigadier Melville thanked Mr. Brown for his kind remarks and stated that he was sure that the new members of Council appreciated his review of some of the developments that have taken place particularly over the past eleven years. The Chairman added that from his point of view also, there had been a lack of the usual aggressive discussion. This could be attributed to the great deal of work that had already been done by all parties concerned. He then said:

"On behalf of the Minister I think I should say this, that he was more than gratified by your acceptance as members of Council. He was very pleased because you are representatives of many groups of very great importance to the program".

The Chairman asked the members if May was a suitable time for the next meeting and as there was general agreement to this, the next meeting will be planned for that time in 1963.

Mr. Campbell added his expression of thanks and appreciation to all those associated with the program.

The meeting was adjourned.

A P P E N D I C E S

1. Members of National Advisory Council Appendix "A"
2. Report of the National Co-ordinator Appendix "B"
3. Report of Mr. R. H. MacCuish (Vocational Training)
Vocational Training Statistics Appendix "C"
4. Report of Dr. J. H. Horowicz (Hospital Insurance
and Health Grants) Appendix "D"
5. Report of Dr. O. Hoffman (Medical Rehabilitation
Program)
Notes on the Utilization of the Medical
Rehabilitation and Crippled Children Grant
Disability Allowances Statistics Appendix "E"
6. Report of Mr. John E. Osborne (Related
Welfare Programs) Appendix "F"
7. Report of Mr. C.A.L. Murchison (National Employment
Service and Special Placements)
Selective Placements of Handicapped
Persons Statistics Appendix "G"
8. Report of Mr. R. N. Meilleur (Review of
Provincial Developments)
Report on Rehabilitated Cases 1961-62
Comparison of 1961-62 Statistics with
Previous Years
Cumulative Statistics to March 1962
Analysis of Reports 1957 to 1961 Appendix "H"

Membership of National Advisory Council
on the Rehabilitation of Disabled Persons

CHAIRMAN

Brigadier James L. Melville,
61 Cartier Street,
Ottawa, Ontario.

Representatives of Provincial Governments

Duncan W. Rogers, Deputy Minister, Department of Public Welfare,
Edmonton, Alberta.

Dr. G. R. F. Elliot, Assistant Provincial Health Officer, Department
of Health Services and Hospital Insurance,
Vancouver, British Columbia.

K. O. Mackenzie, Deputy Minister of Public Welfare, Department
of Public Welfare, Winnipeg, Manitoba.

G. W. Crandlemire, Director and Co-ordinator of Rehabilitation,
Department of Health, Fredericton, New Brunswick.

Dr. T. A. Knowling, Assistant Deputy Minister, Department of Health,
St. John's, Newfoundland.

H. S. Farquhar, Director of Old Age Assistance, Department of
Public Welfare, Halifax, Nova Scotia.

James S. Band, Deputy Minister, Department of Public Welfare,
Toronto, Ontario.

Brig. Wm. W. Reid, Deputy Minister, Department of Welfare and Labour,
Charlottetown, Prince Edward Island.

Gustave Poisson, Q.C., Associate Deputy Minister, Department of Youth,
Parliament Buildings, Quebec, Quebec.

R. Talbot, Director of Welfare, Department of Social Welfare
and Rehabilitation, Regina, Saskatchewan.

Representatives of Federal Government Departments

Dr. O. Hoffman, Chief, Medical Rehabilitation Division, Department
of National Health and Welfare, Ottawa.

Mr. E. J. Rider, Director, Veterans Welfare Services, Department of
Veterans' Affairs, Ottawa.

Mr. Ian Campbell, National Co-ordinator, Civilian Rehabilitation,
Department of Labour, Ottawa.

Mr. C.A.L. Murchison, Commissioner, Unemployment Insurance Commission,
Ottawa.

Representatives of Health and Welfare Voluntary Agencies

Lt. Colonel E. A. Baker, Managing Director, Canadian National
Institute for the Blind, 1929 Bayview Avenue,
Toronto, Ontario.

Mr. R. E. G. Davis, Executive Director, The Canadian Welfare Council,
55 Parkdale Avenue, Ottawa, Ontario.

Representatives of the Medical Profession

Dr. E.W. Lidington, 151 Holmwood Avenue, Ottawa, Ontario.

Dr. G. Gingras, Executive Director, Rehabilitation Institute of Montreal, 6300 Darlington Avenue, Montreal, Quebec.

Representatives of Universities

Dr. Brock Fahrni, Director of the School of Rehabilitation Medicine, University of British Columbia, Vancouver, B. C.

Reverend Father Andre Guillemette, Director, Ecole du Service Social, University of Montreal, Montreal, Quebec.

Representatives of Organized Employers

G. Egerton Brown, Vice-President, Personnel, Sun Life Assurance Company of Canada, Sun Life Building, Montreal, Quebec.

Roy Campbell, 52 Forden Crescent, Montreal, Quebec.

Representatives of Organized Workers

A. Andras, Director of the Legislative and Government Employees Department, Canadian Labour Congress, 100 Argyle Avenue, Ottawa, Ontario.

Julien Major, Director of Welfare, Quebec Federation of Labour, 1327 St. Joseph Blvd., East, Montreal, Quebec.

National Co-ordinator's Report.

I should like, first of all, to add my own personal welcome to the members of the National Advisory Council on the Rehabilitation of Disabled Persons. We are particularly glad to have our Chairman, Brigadier Melville, back with us again and restored to his usual vigorous health. I thank those of you who have in the past served on the National Advisory Committee for your continued help and support. We are glad that in the new members of Council, the high calibre which has always characterized the membership of the Committee has been well maintained. Their previous experience and related interest will bring much of value to our deliberations and an added sense of purpose to our actions.

Et maintenant, Mesdames et Messieurs, je voudrais dire un mot particulier de bienvenue aux représentants de la Province de Quebec. Dans le passé nous avons tiré grand profit de leurs sages conseils et nous sommes heureux de savoir qu'avec la signature de l'Accord sur la Readaptation professionnelle des Invalides, votre Province apportera sa collaboration active au programme fédéral-provincial. Nous vous offrons nos meilleurs voeux dans toutes vos initiatives dans ce domaine.

I have just addressed a special word of welcome to our friends from Quebec, as, with the expected signing of the Vocational Rehabilitation of Disabled Persons Agreement, they will now be co-operating actively in our Federal-Provincial endeavours on behalf of the disabled. The usefulness of the Advisory Committee in the past has been clearly demonstrated in the help and advice given which has led to the passing of the Vocational Rehabilitation of Disabled Persons Act. This Act, clearly indicates the responsibility that the Government of Canada is prepared to accept in developing this program. Already we have substantial evidence that the provinces are taking advantage of the assurance thus given to intensify their efforts to see that Canada's disabled are given every possible assistance to play their proper role as citizens of our country and contribute to the national well-being.

At the beginning of what we hope will be a new era in vocational rehabilitation in Canada, I shall not spend too much time in looking back. A solid foundation has been laid. We have valuable experience on which to build. The standard of rehabilitation services in Canada is high. Our task is to see that available services are expanded to an adequate level; that competent and sufficient staff is developed and that the methods that have been tried and proven penetrate deeply into our whole national approach to the problems of disability.

Since the Committee last met, a great deal of the time of the staff of Civilian Rehabilitation has been taken up with the preparation of the legislation which has now become a reality. In this process, of course, we had a number of discussions with individual provinces and organizations and continued liaison with our friends in the Department of National Health and Welfare, the National Employment Service and the Canadian Vocational Training Branch. The Provincial Co-ordinators have met together to discuss administrative and technical problems of mutual interest. Most of the Co-ordinators, many representatives of the professions and our national voluntary agencies interested in the disabled attended and took part in the Eighth World Congress of the International Society for Rehabilitation of the Disabled in New York in 1960. At a meeting of the Canadians attending this Congress, approximately 100 persons participated and following panel discussions involving leaders in this field from Canada, a useful general discussion on the direction in which progress should be made in Canada took place. Here again, the emphasis was on the desirability of passing Federal legislation to create a solid foundation on which a national program could be expanded. In the interest of staff development, the Directors from the Departments of Health, Welfare, Education and Labour in the Western Provinces were brought together in Banff, Alberta, in October 1960. A similar meeting in Shédiac, New Brunswick, brought together corresponding officials from the Atlantic

Provinces. More recently, at Falcon Lake, Manitoba, a training seminar for government and voluntary agency officials working in rehabilitation in the Prairie Provinces was held. The staff of the Branch has attended many meetings and discussions concerned with rehabilitation. They have addressed many interested bodies, lectured at Universities, made radio broadcasts and television appearances, and assisted the provinces as requested in staff training programs.

During this period, we have noticed continuing increase in medical facilities necessary to rehabilitate the disabled. Training Schools for Physiotherapists and Occupational Therapists have been opened in British Columbia and Manitoba. The number of staff employed in the provinces in the program has gradually increased as suitable individuals become available. The number of disabled persons receiving vocational training has gradually increased. The National Employment Service has increased the number of Special Placement Officers employed. There has been a steady increase in the number of disabled persons served by the program and brought back to vocational usefulness. This increase took place between 1953 and 1961. I have to report, however, that there was no increase in this number in the fiscal year that has just ended.

In view of this, the studies that we have been able to make regarding those who have been served by the program become very important. Some of the relevant statistics are before you. It is obvious that in proportion to the known incidence of disability in Canada, the disabled persons referred to the provincial vocational rehabilitation programs are far too few. We also note that approximately 55% of the cases referred have been disabled for from five to fifteen years prior to referral. It is also shown that the length of time required to accomplish the successful rehabilitation of a disabled person varies in proportion to the time lapse before referral. 48.5% of those referred within six months of the onset of disability were restored to usefulness in less than five months. In the case of those referred five to ten years after disability, in 40% of the cases, the processes of rehabilitation took over two years. It is obvious then that one of our greatest needs is to make sure that in all cases of serious disability, methods be devised which ensure early referral to the vocational rehabilitation services. I hope that this question will be given your careful attention.

One of the factors, which has contributed to this situation, is that it has been assumed by many of those who work in the rehabilitation field and by many of the doctors who attend the seriously disabled that where they are dealing with a seemingly adequate individual who has plans for his own rehabilitation that he should be encouraged to carry these out. We have all subscribed to this thinking, as one of the prime objectives of a rehabilitation program is to encourage the individual to stand upon his own feet. Now, however, we find that many of those who have come to the attention of the rehabilitation authorities five, ten and fifteen years after the onset of disability were people in this category. Initially, they did look after their own rehabilitation. However, in many cases after a lapse of time they began to run into difficulties. Being the independent type they again tried to solve their problems by themselves. We have histories of homes being mortgaged, cars being sold, families becoming impoverished while the disabled individual valiantly attempted to solve his own problems. For this reason, we consider that a change of thinking is required and that all who treat the disabled should make sure that every single individual who will have serious disability should be referred early to the vocational rehabilitation authorities. If the individual has plans and these are good, he can be encouraged to carry them out, but we can make sure that he knows that if these plans do not work out and at a later date he does encounter difficulty, he should come immediately to the vocational rehabilitation services for guidance, counselling and possibly for additional services and re-direction.

We are all aware of the incidence of disability in Canada. We are becoming increasingly aware of the fantastic financial burden of dependency and we know that in the philosophy and principles of rehabilitation, we have means of assuring that in very many cases the

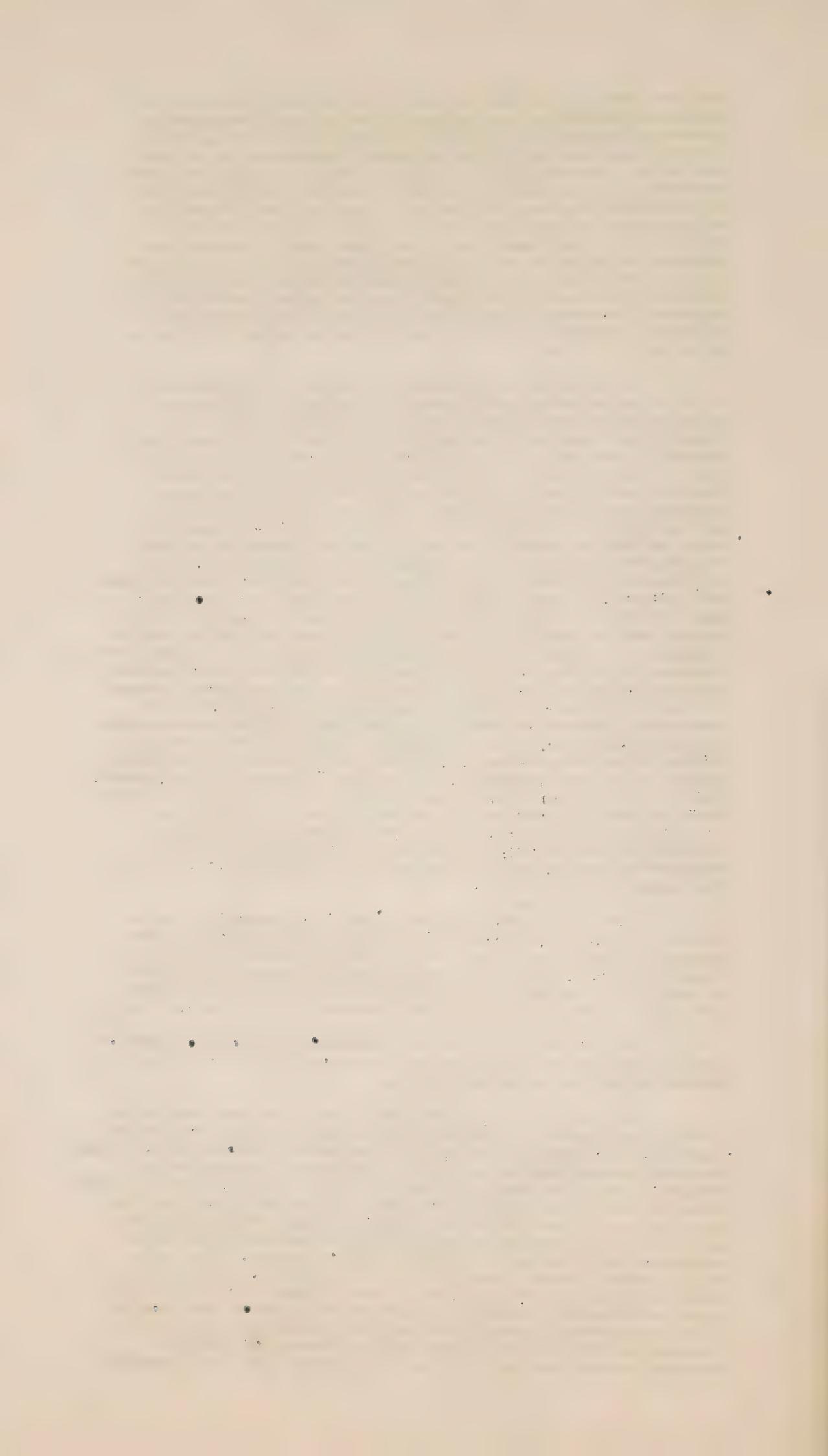
need for public assistance can be avoided. We must face up to this problem realistically. Our efforts to prevent dependency must be increased. As far as the disabled are concerned, we are now in an excellent position to apply our knowledge constructively. We now have in the Vocational Rehabilitation of Disabled Persons Act a firm declaration of the support which the Government of Canada can give to provincial programs. With hospital insurance now a reality, one of the barriers to extensive use of treatment has been removed. Facilities for vocational training are being greatly extended and imagination applied to the many forms of training which can lead to suitable employment. The Special Placements staff of the National Employment Service is being expanded and employment liaison officers appointed in a number of provinces. The new Welfare Grants will assist the program. We have now been given the tools. It is up to us to finish the job.

The basic first requirement, of course, is adequate staff of high quality to man our program. The restorative services available through our treatment services still require considerable improvement. More facilities are required, more trained staff is essential. We need better provisions for the adequate assessment of those we seek to serve. The expanding facilities for vocational training could be used to a much greater extent and many, many more disabled people could benefit from training. The effort to find suitable jobs for the disabled still requires to be increased and while we have the assurance of both labour and management of their support for our program, this support should become more vigorous. All these things must be done in keeping with the basic philosophy that this Nation has a moral obligation to try to equip the disabled to compete with the able-bodied on as equal a basis as possible. This must be done in keeping with our philosophy that our aims can only be accomplished through the willing and sincere co-operation of interested branches of Government at all levels with the voluntary agencies and all the professional disciplines necessary to the complicated process of rehabilitation. We further believe that the responsibility for each area of service required by the individual disabled person should be controlled by those most competent to function in that particular field. We believe, however, that there must be centralized responsibility for the co-ordination of the services necessary in this process, and that in each case someone must accept the responsibility of seeing that the disabled individual is properly assessed, that with his co-operation and the co-operation of the appropriate agencies, a sensible program is worked out and that the individual progresses through the various stages of his program without interruption until the maximum goal is reached.

I have said before that the standard of rehabilitation in Canada is high. This I was able to confirm in my recent visit to a number of European countries. While the rehabilitation program in Canada compares favourably with the programs I saw as far as quality of services are concerned, I should like to make a few observations that may have some bearing upon the situation with which we are faced.

The European Social Charter, which arose out of the Treaty of Rome, places certain obligations upon the signatories, that is upon all Nations within the common market area.

The Charter declares that within the entire area each individual has the right to vocational guidance and vocational training as required. The physically or mentally disabled are entitled to vocational training, rehabilitation and social resettlement. Against such a background it is not surprising that the whole concept of rehabilitation seems to be much more firmly established than in North America. The programs are, by our standards, lavishly staffed. The restorative services within hospitals and rehabilitation centres are working in conditions which our medical people would really envy. In a large modern 800-bed general hospital, which I visited in Copenhagen, they had a staff of 50 therapists, one to every 16 beds. The established units for assessing the disabled, particularly in their provision of facilities for work try-outs, are much more elaborate. The vocational training schools are well equipped and staffed and the number of disabled persons receiving training is very much higher in proportion



to population. Within the employment service, again in proportion to population, the number of Special Placement Officers far exceeds the number available in this country. The trend in all these countries is to extend the benefits of vocational rehabilitation services to all types of handicapped persons.

In Denmark legislation which went into force over a year ago makes its provisions available to those "who suffer from disability or other handicapping conditions".

In Norway disability pensions are available to those that the State has been unable to rehabilitate. A new Bill comes before their Parliament this year which will extend rehabilitation services to those who "are unable to meet their own economic needs".

In the United Kingdom at the Industrial Rehabilitation Unit at Hillington, which I visited, 40% of the 200 people on the case load were ^{not} actually physically disabled but were people who, for one reason or another, had been unable to meet their own economic needs. With this group, I was told, they have 40% success. They consider that this is a poor result, I would consider it excellent. They state, however, that as they are only allowed to keep an individual in the Unit for a period of 12 weeks, that they cannot always eliminate bad habits or attitudes that have developed over a lifetime in such a short period. The trend, therefore, is to build upon experience in successfully rehabilitating the disabled by extending such services to all within the community who can benefit.

The one lack, which all of the officials visited cite, is that the responsibility for co-ordination of these programs is not placed definitely with one ministry. While the over-all programs work well and for great numbers of the people, the opinion was frequently expressed that many delays could be eliminated if, as in Canada, the whole theme of co-ordination were more adequately built into their systems. And so, perhaps, they can learn something from us just as I think that we have much to learn from them.

Here in Canada, most of the barriers to progress that existed in the past have now been removed. It is, therefore, my hope that, with the continuous co-operation of the various federal departments and divisions of government concerned, with the provinces working with the voluntary groups and supported by the various interests that are represented here today, we will eliminate, as far as possible, the need for public support of many more of our disabled citizens. I sincerely hope that our discussions at this time will give indications of the best way in which this can be achieved.

In conclusion I should like to thank my colleagues in the Departments of National Health and Welfare, Veterans' Affairs, the National Employment Service and Canadian Vocational Training for their assistance. In particular, I should like to thank those who serve on the Interdepartmental Committee on the Vocational Rehabilitation of Disabled Persons and the Co-ordination of Rehabilitation Services. We are indebted to the Provinces for their patience and understanding, to the Ministers and Deputy Ministers who have helped us in our planning and, of course, to our Chairman, Brigadier Melville whose wise counsel is always so readily available.

To these efforts must be added the support of the national voluntary agencies who work with the disabled and the professional associations whose interest is essential to the program.

The ground work for our program has been laid. A great deal of progress has been made, but as long as there is injury and disease our task will never be finished. Let us then move steadily forward to the time when every disabled person in Canada will receive promptly every service that is needed to restore him to the greatest degree of usefulness possible.

Report of Mr. R.H. MacCuish
Assistant Director
Technical and Vocational Training
Department of Labour

VOCATIONAL TRAINING

At the present time we in the Training Branch are most concerned with the Capital Assistance Program of the Federal-Provincial Technical and Vocational Training Agreements. This Program is basic, of course, as training depends upon adequate facilities being provided. We are very happy, therefore, that facilities all across Canada are increasing to the point where we are in a better position to meet the need for training and adjustment of manpower in all categories.

To give just a brief indication of what is happening in this Capital Assistance Program, 105,000 additional student places are being provided; that is, in buildings now under construction we will be able to accommodate 105,000 more students at any one time. The total cost involved is \$333,000,000 in new vocational High schools, trade schools and technical institutes and includes building and equipment. At the date of this report the Federal Government has approved twelve new institutes of technology, twenty new trade schools and 138 new vocational high schools. Provinces are rushing through projects at the present time because, under the Agreement, we contribute 75% of provincial expenditures made up to March 31, 1963. After that date the Federal Government will be contributing 50%.

One of the interesting developments taking place is "basic training for skill development" which is a program for the up-grading of general academic background in mathematics, science, language and social studies. This program, although relatively new, is very effective. One province reported that 50% of the people who took this up-grading program last year entered occupational training courses for which they were not previously eligible because they lacked sufficient background to cope with the training. There was also a large percentage of these people who actually secured employment because they had up-graded their educational standings.

In the year ending March 31, 1962, there were 2,765 disabled persons who received training, including 985 in publicly operated schools, 1,469 in private schools and 311 "training-on-the-job".

Canadian Vocational Training

Schedule "R" - Program 6 - Training for Disabled Persons

Federal Allotments and Payments

PROVINCE	1960--1961		1961--1962	
	Allotments	Payments	Estimates	Payments*
Nfld.	\$ 12,000.00	\$ 10,325.67	\$ 10,000.00	\$ 6,917.00
P.E.I.	968.00	967.31	1,000.00	203.00
N.S.	48,000.00	45,322.05	54,250.00	20,505.00
N.B.	57,700.00	49,594.10	63,250.00	33,888.00
Que.			200,000.00	
Ont.	157,000.00	153,048.62	197,000.00	173,997.00
Man.	31,000.00	22,604.79	37,500.00	21,978.00
Sask.	27,000.00	23,663.57	30,000.00	29,745.00
Alta.	18,000.00	17,161.99	15,000.00	8,705.00
B.C.	12,500.00	6,878.88	12,500.00	6,938.00
TOTALS	\$ 364,168.00	\$ 329,566.98	\$ 620,500.00	\$ 302,876.00

* All accounts not yet received.

Ottawa, May 2, 1962.

CANADIAN VOCATIONAL TRAINING

Persons Completing Training under Schedule "R" - Program 6

Period - April 1, 1961 to March 31, 1962

SUMMARY BY PROVINCES

<u>Province</u>	<u>Trained</u>
Newfoundland	52
Prince Edward Island	3
Nova Scotia	98
New Brunswick	104
Quebec	597
Ontario	462
Manitoba	111
Saskatchewan	55
Alberta	37
British Columbia	36
CANADA TOTAL	1,555

OTTAWA, May 1962.

CANADIAN VOCATIONAL TRAINING

Enrolments Under Schedule "R" - Program 6 By Sex

PROVINCE	In Training <u>March 31, 1961</u>		April 1, 1961 to <u>March 31, 1962</u>		TOTAL
	Men	Women	Men	Women	
Nfld.	26	7	40	6	79
P. E. I.	2	2	3	4	11
N. S.	51	18	85	28	182
N. B.	50	32	67	34	183
Que.	-	-	602	492	1,094
Ont.	209	111	323	186	829
Man.	39	21	98	28	186
Sask.	25	10	44	20	99
Alta.	15	9	11	13	48
B. C.	11	2	27	14	54
TOTALS	428	212	1,300	825	2,765

OTTAWA, May 1962.

Canadian Vocational Training

Enrolments Under Schedule "R" - Program 6

	P u b l i c			P r i v a t e			T. O. J.			T o t a l		
	1959-60	1960-61	1961-62	1959-60	1960-61	1961-62	1959-60	1960-61	1961-62	1959-60	1960-61	1961-62
Nfld.	49	30	30	4	14	0	5	5	16	58	49	46
P.E.I.	2	1	5	1	1	2	-	-	-	3	2	7
N. S.	44	56	75	25	34	30	6	3	8	75	93	113
N. B.	89	102	92	2	6	4	5	3	5	96	111	101
Que.	-	-	185	-	-	908	-	-	1	-	-	1,094
Ont.	51	89	83	251	240	287	47	128	139	349	457	509
Man.	49	32	85	40	46	22	10	8	19	99	86	126
Sask.	11	14	13	22	21	35	17	8	16	50	43	64
Alta.	30	28	12	13	18	8	4	3	4	47	49	24
B. C.	42	23	22	7	6	16	2	2	3	51	31	41
TOTALS	367	375	602	365	386	1,312	96	160	211	828	921	2,125

Training received by Disabled Persons
under Schedule "R" - Program 6 in 1961-1962

Academic Courses

Bachelor of Arts
Art
Fine Arts
Honour Chemistry
Chemistry
Geography
Honours Maths & Physics
Language & Literature
Meteorology
Modern History
Political Science
Social Sciences

Engineering & Technology

Engineering
Engineering Science
Electrical Engineering
Civil Engineering
Chemical Technology
Electronics
Electronic Technology
Radio and Television Electronics
Aeronautical Technology
Mechanical Technology

Business Sales and Clerical

Business Administration
Commerce and Finance
Accounting
Advertising Designer

Salesmanship
Quality Control
Subscription Agent

Show Card Writing
Advertisement Checker
Art Assembler

Secretarial Science
Dictaphone Typist
Commercial Training
Business Machines
Switchboard Operator
Stand Operator

Health, Education, Welfare, and other Services

Medicine
Medical Librarian
Pharmacy
Dental Technician
Dental Assistant
Laboratory Technician
Public Health Nursing
Male Nurse
Nurse's Aides
Artificial limb and brace making

Social Work
Law
Journalism
Veterinary Medicine
Field Secretary

Pedagogy
Teaching
Home Teacher
Home Economics
Vocational Counselling
Speech Therapy

Photography
Interior Decorating
Forest Ranger
Barbering
Domestic Science
Cooking
Hairdressing & Beauty Culture
Homemaking

Trades, Industrial and other occupational Training

Drafting
Blue Print Reading
Carpentry

Television
Radio and Television Repair
Electricity and Electric Appliance Repair

Motor Mechanics
Diesel
Motor Rewinding
Outboard Marine
Heavy Duty Mechanics

Millinery
Power Sewing
Tailoring
Dressmaking

Invisible Mending
Dry Cleaning
Camera Repair
Watch Making
Watch Repair and Jewellery
Shoe Making
Shoe Repair
Restaurant Cooking
Business Machines Repair

Trades, Industrial and other occupational Training (Cont'd.)

General Shop	Basket Making
Machine Shop	Broomwinding
General Technical	Clay Modelling
Auto Body	Silk Screen Processing
Welding	Packaging and Assembly
Machine Operator	Hand Folding Envelopes
Oil Burner Servicing	Floristry
Plumbing and Pipe Fitting	Greenhouse Operator
Stationary Engineer	Driving Lessons
	Work Adjustment Training
Printing	
Cabinet Making	
Woodfinishing	
Woodworking	

Report of Dr. J.H. Horowicz
Principal Executive Director
Health Services Directorate
National Health and Welfare

ROLE OF THE HOSPITAL INSURANCE AND HEALTH GRANTS PROGRAMS
WITHIN A COMPREHENSIVE VOCATIONAL REHABILITATION PLAN

A comprehensive rehabilitation program as defined in Section 3, sub-section 4 of the Act respecting the Vocational Rehabilitation of Disabled Persons and the Co-ordination of Rehabilitation Services includes, among others, the assessment and counselling services for disabled persons and services and processes of restoration.

These two services or parts of them are of a health nature provided through health facilities.

Section 11 of the Act indicates that regulations related thereto in respect of the provision of medical services are made by the Governor in Council on joint recommendation of the Minister of Labour and the Minister of National Health and Welfare.

When the Minister of Labour introduced in the House of Commons the resolution preceding the Act, he indicated that:

"The word 'rehabilitation' is used to encompass a wide variety of medical and vocational restorative services."

He added:

"Within this concept it is the responsibility of my colleague, the Minister of National Health and Welfare, to encourage the development and utilization of all those medical skills that can hasten recovery and where possible restore the patient to maximum health. Towards this end the national health grants and hospital insurance have stimulated the better use of our resources and, with improved services in hospitals and rehabilitation centres throughout Canada, have done much to reduce the effects of disability."

During the second reading of the Bill on May 1, 1961, the Minister of Labour, dealing with the same subject, stated:

"The Department of National Health and Welfare, working with the provincial health departments, is responsible for the development of all those services and facilities required to meet the health needs of our people. This responsibility includes the encouragement of the maximum use of all treatment measures conducive to complete cure or maximum recovery.

"The creation of facilities and services, and the setting of standards in this area are, and must always be, the responsibility of our medical people."

Within the legislative provisions and the policy established by the government, the closest possible contact has been established between the officers of the Department of Labour and the officers of the Department of National Health and Welfare.

The close co-operation is directed first towards the development of rehabilitation services of the highest possible level, but at the same time towards administrative simplifications and towards economy of operation.

In connection with the administrative and financial aspects of the program (Dr. Hoffman will deal with the medical aspects), reference should be made to the provision of the agreement that "in supplying services for the medical restoration of the disabled, full use should be made of those services that are available to the general public without cost to the individual".

Further reference should be made to the special conditions in paragraph (4) of Schedule 2 to the Agreement, which states:

- (4) in the case of medical assessment or restoration services, regard shall be had to the nature of costs thereof to be included hereunder as shareable costs, with a view to avoiding the inclusion therein of,
 - (a) any costs incurred in the provision of insured services under an agreement entered into with the Federal Government pursuant to the Hospital Insurance and Diagnostic Services Act; and
 - (b) any costs of such services that are covered in projects approved under the National Health Grants program.

Against this background a basic principle should be established in connection with the Hospital Insurance Program, namely, that any service provided to residents of a province under the term of an agreement concluded within the terms of the Hospital Insurance and Diagnostic Services Act - cannot be provided under the terms of the Vocational Rehabilitation Agreement. This applies to all provinces as far as in-patient services are concerned.

As far as out-patient services are concerned, there is a variation in the extent of these benefits. There are provinces which do not provide out-patient services at all and some which cover a wide range of out-patient services. To put it bluntly, if an out-patient rehabilitation service is available in a province under the Hospital Insurance Plan, it cannot be provided under the terms of the Vocational Rehabilitation Agreements.

The delineation of financial responsibilities in this area is clear cut. It applies, however, only to hospital services. Medical Services provided in a hospital either on an in-patient or out-patient basis are beyond the scope of the Hospital Insurance and Diagnostic Services Act.

In cases coming within the scope of the Vocational Rehabilitation plan, payment for medical services can be made under the terms of the Vocational Rehabilitation program.

The relationship between the Vocational Rehabilitation Act and the Health Grants Program is perhaps more involved.

The Medical Rehabilitation and Crippled Children Grant is intended to assist the provinces in the operation and extension of approved programs for medical rehabilitation, and prevention and treatment of crippling conditions in children and adults.

A provincial program may include the provision of medical and ancillary rehabilitation facilities and services. The provision for the prevention and correction of crippling conditions in children and adults, includes the training of personnel and the conduct of surveys and studies.

The implementation of the Vocational Rehabilitation Act restricted the operation of the grant as far as the provision of services to individuals is concerned.

The provision of assessment and restoration services under the grant is restricted to persons without vocational potential. In other words, it is within the scope of the grants program to assist the provinces in the provision of restoration services to children up to the school leaving age, and to adults who could neither be restored to employment nor to self-care.

It is also within the scope of the Grants Program to provide assistance towards the establishment and expansion of medical rehabilitation facilities outside of hospitals (Medical rehabilitation facilities and services in hospitals are financed under the Hospital Insurance Plan). This assistance can include payment of salaries, provision of equipment and supplies, and other relevant items.

Training of medical and paramedical rehabilitation personnel can be provided under the grant.

Research in the field of medical rehabilitation can be assisted either under the Medical Rehabilitation and Crippled Children Grant or under the Public Health Research Grant.

Construction of rehabilitation facilities within or without hospitals can be assisted under the Hospital Construction Grant.

Moreover the Medical Rehabilitation and Crippled Children Grant can be used by the provinces for the establishment or extension of provincial divisions or units directing the provincial medical rehabilitation programs.

To summarize the statement, it could be said that outside of the direct services to children and others, the Health Grants Program deals with facilities, while the Vocational Rehabilitation Program is involved in dealing with individuals.

A word should perhaps be said about the method of payment for medical assessment and medical restoration services provided by rehabilitation facilities supported under the Health Grants Program.

The pattern of payments for rehabilitation services assisted under the Grants Program varies as between the provinces and indeed as between clinics within a province. In dealing with the detailed arrangements care will be exercised to avoid the inclusion in payments made under the Vocational Rehabilitation Act of any element which is already supported under the Health Grants.

Depending on circumstances in some clinics, there will be no payments for vocational rehabilitation "clients"; in some the payments may be reduced, and in some the full cost will have to be paid if for instance the grants support, within the clinic, services to children only.

An additional aspect should be raised. Mental and Tuberculosis hospitals do not come within the scope of the Hospital Insurance and Diagnostic Services Act and, therefore, can be supported, under conditions, by the Health Grants Program. This support applies to the whole range of services provided to patients of those institutions. In other words, rehabilitation services provided to patients of those institutions can be supported by the Health Grants Program and cannot be financed under the provisions of the Vocational Rehabilitation Act. Grants assistance is limited to the confines of the Hospital. After a discharge from an institution, an ex-patient is, of course, entitled to all services offered by the Vocational Rehabilitation Act.

...

An attempt was made in the foregoing to delineate the three channels of support going into the financing of the federal share of a comprehensive Vocational Rehabilitation Program.

Careful delineation of these channels is the only method by which Parliament can be assured that public monies were spent in accordance with its will.

The variety of sources of federal support to this program will in no way impede the development of a comprehensive and co-ordinated rehabilitation service.

Report of Dr. O. Hoffman, Chief
Medical Rehabilitation Division
National Health and Welfare

REVIEW OF THE MEDICAL REHABILITATION PROGRAM OF
THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

Mr. Chairman, Ladies and Gentlemen, I should like to acknowledge the privilege of being present as a member of this Council representing the Department of National Health and Welfare. I hope that I will be able to offer a contribution which will compensate in some measure for the loss to Council occasioned by the retirement from the Department of Dr. Primeau.

Dr. Horowicz has presented a lucid picture of the relationship of Hospital Insurance and Health Grants programs to the comprehensive vocational rehabilitation plan, with emphasis, on the administrative and financial aspects.

I should like to refer to the Medical Rehabilitation Program of the Department of National Health and Welfare. In its present stage of evolution the approach is a three-pronged one, two financial prongs and one consultative. First, under the Hospital Insurance agreements funds are available for hospital services including rehabilitation programs carried out in hospitals. Staff salaries, equipment and to some extent staff training and research are covered under the Hospital Insurance agreements.

The second prong of the program is the National Health Grants. There was no medical rehabilitation grant at the outset of the Grant's program in 1948. Rehabilitation assistance was available under the Crippled Children, Tuberculosis Control, Mental Health, Professional Training, Hospital Construction and General Public Health Grants. These have continued to provide support in their appropriate areas of rehabilitation, subsequent to the creation of the Medical Rehabilitation Grant in 1953. Of all the grants, the experience with medical rehabilitation is perhaps of greatest interest to this Council.

There have been three phases in the utilization of the Medical Rehabilitation Grant. Its initial phase saw the development of new and expanded facilities for the rehabilitation of the handicapped other than crippled children, mental and tuberculous patients. The second phase occurred as Hospital Insurance agreements were signed with the provinces after 1957. The effect of these agreements was that the costs of staff salaries and equipment for medical restoration facilities in hospital were covered by

the Hospital Insurance Agreement instead of the Medical Rehabilitation Grant. Finally, with the revision of the Health Grants structure in 1960 and 1961 the Medical Rehabilitation and Crippled Children Grants were combined with an available total of $2\frac{1}{2}$ million dollars of federal funds, larger than the sum of the original grants by a million dollars. The matching principle of the Medical Rehabilitation Grant was applied whereas the Crippled Children's Grant has been non-matching so that additional provincial funds increased the potential expenditure in this field.

With regard to utilization, amounts approved under the Rehabilitation Grant have risen from \$77,000 in 1953 to approximately \$1,600,000 in 1961-62. Since 1953 projects totalling some \$7,000,000 have been approved.

All provinces have used the Grant for the provision of full academic or refresher training courses for nearly 300 persons in physical medicine, physiotherapy, occupational therapy, speech therapy, prosthetics and brace-making, nursing and administration.

Assistance has been provided towards the establishment of new training centres, for example, the School of Rehabilitation which opened at the University of Montreal in 1954 for physiotherapists and occupational therapists and which now has a degree course in Audiology as well; schools of physiotherapy and occupational therapy at the University of Alberta and the University of Manitoba; courses in speech and hearing at the University of Toronto, and an occupational therapy school in Kingston.

Since 1953 over one million dollars has been allocated for the purchase of equipment for 80 hospitals, rehabilitation centres and clinics and 7 schools of occupational therapy, physiotherapy and speech therapy in Canada. At present equipment for rehabilitation units in hospitals is not provided under this Grant in view of the Hospital Insurance Agreements.

The financial resources seem adequate for present use, and are flexible enough to meet growing needs. Effective coordination and utilization of the existing resources is a key to a progressive program.

This brings us to the third prong of the approach which is the provision of technical advisory services to the provinces. In addition to the Medical Rehabilitation Division, the staff resources of many other divisions are available - Mental Health, Hospital Design, Occupational Health, Child and Maternal Health and Research and Statistics to name a few.

...

Following the retirement of Dr. Primeau, the Department of National Health and Welfare undertook to combine the Medical Rehabilitation and Disability Advisory Service and the Blindness Control Divisions, and this is one expression of the desire of the Department to develop its participation in the medical rehabilitation field. The two divisions had much in common in this area and coordination of their programs should enhance activities in the field of prevention and control of blindness, as well as in the broader area of medical rehabilitation, in ways which were not readily feasible in the past. Some of the members of Council may not be familiar with the treatment plan for the restoration of vision to recipients of Blindness Allowance. This is in a sense a rehabilitation program in miniature, with many of the problems of the rehabilitation field as a whole but less of its complexity. The treatment plan was established by Order-In-Council in 1948. Nine provinces participate to varying degrees, as some have their own provisions for treatment of persons receiving social assistance benefits. The Federal Government pays 75% of the costs of treatment and the Provincial Governments 25%. The use of the plan has increased steadily since its inception with 112 cases having been treated in the fiscal year just concluded, and 105 in each of the two preceding years. This number may not appear impressively large but it becomes more significant when one considers that most treatment cases are persons who have recently been granted an allowance, and that the number of new allowances in each year ranges from 800 to 900. Since the start of this plan, 843 persons have been treated, 652 successfully to the extent that they were no longer blind. This is 75% of the total number of cases. A large proportion of the remaining 25% obtained substantial improvements in guiding vision.

There has been a wide variation in the utilization of this plan from province to province for many reasons: population factors, the varying provisions made by provinces for restorative measures, and the varying contributions in this field of private agencies, notably the Canadian National Institute for the Blind. Over half of the treatment cases were residents of one province, and while acknowledging the influence of the factors referred to, I feel that the most significant reason for this province's prominent participation has been the active interest of one individual who has been, in effect, a co-ordinator able to bring together the sometimes scattered resources and skills which must be combined to achieve results.

If I may transpose this experience into terms applicable to the Vocational Rehabilitation Program, it emphasizes the value of an approach which finds the individual candidate for rehabilitation and focuses the available resources to him. This approach, which is incorporated in the Vocational Rehabilitation Program, promises effective use of the various resources. The fact that these resources come from a variety of federal sources, should, as Dr. Horowicz has already pointed out, provide no impediment to the development of a comprehensive and co-ordinated rehabilitation service.

April 25, 1962.

USE OF THE MEDICAL REHABILITATION AND CRIPPLED CHILDREN GRANT

On April 1, 1960 the Medical Rehabilitation Grant amounting to one million dollars per year was combined with the Crippled Children Grant of \$500,000 per year and to this amount was added one million dollars making the total of two and a half million dollars now available for assistance to provincial rehabilitation programs.

From the date of initiation of the Medical Rehabilitation Grant in 1953, one million dollars was available annually for use in the development of rehabilitation services in Canada until April 1, 1960 when the Grant was increased. Until March 31, 1962 a total of \$11,500,000 has been available for use. Of that amount, projects amounting to over 7 million dollars were approved to March 31, 1962 and amounts approved annually have increased from \$77,000 in 1953-54 to \$755,000 in 1959-60 and approximately \$1,612,000 in 1961-62 despite the fact that the Hospital Insurance Program has taken over some aspects of provincial programs for rehabilitation services in Canada during the past two years.

Since 1953 the purchase of over one million dollars in equipment has been approved for 80 hospitals, rehabilitation centres or clinics and 7 schools of physiotherapy, occupational and speech therapy, in Canada. New personnel have been taken on staff in the numerous institutions mentioned above as part of the extension of rehabilitation services and over 250 persons have received the benefit of training in the varied fields relating to rehabilitation such as physical, occupational and speech therapy, physical medicine, social work, nursing, psychology, brace-making, prosthetics and orthotics. Specialists in these and allied fields have also benefitted from courses in advanced methods of rehabilitation which they have undertaken in Canada, the United States and France.

Staff salaries have been supported in hospitals, universities and rehabilitation centres for doctors, therapists, social workers, vocational counsellors, psychologists, remedial gymnasts, medical record librarians, nurses, rehabilitation officers, brace-makers and prosthetists, office staff and administrators. Several interesting projects have provided funds to enable psychologists and nurses to teach short courses in rehabilitation methods to staff employed in the field; and to bring key speakers to seminars and conferences on medical rehabilitation.

In some provinces, projects under the Medical Rehabilitation Grant provide prosthetic appliances and medical aids to individuals requiring medical rehabilitation; permit remuneration to medical personnel serving on rehabilitation assessment clinics, cover medical treatment and surgery for needy patients and cover the costs of consultation with specialists where required. Vital research projects in the field of rehabilitation have received support and this area is rapidly becoming a focal point of interest with increasing projects being undertaken.

Additional grants have been made for professional training and other developments in the field of medical rehabilitation under such grants as the Crippled Children's Grant, Tuberculosis Control Grant, Mental Health, Research and General Public Health Grants.

MEDICAL REHABILITATION DIVISION
April 25, 1962.

UTILIZATION OF MEDICAL REHABILITATION & CRIPPLED CHILDREN GRANT

APRIL 1, 1961 to MARCH 1, 1962

PROVINCE	TYPE OF	AMOUNT AVAILABLE & %	AMOUNT APPROVED & %	AMOUNT SPENT & %
NFLD.	SERVICES TRAINING EQUIPMENT		98,164 12,588 1,991	
		112,970 4.4%	112,743 99.8%	91,145 80.7%
P.E.I.	SERVICES		13,089	
		24,579 0.9%	13,089 53.3%	- -
N.S.	SERVICES TRAINING EQUIPMENT		30,793 1,820 1,643	
		34,333 1.3%	34,256 99.8%	20,890 60.8%
N.B.	SERVICES TRAINING		56,151 13,560	
		94,928 3.7%	69,711 73.4%	60,800 64.0%
QUE.	SERVICES TRAINING RESEARCH EQUIPMENT		430,643 83,863 16,152 2,219	
		732,735 28.4%	532,877 72.7%	382,563 52.2%
ONT.	SERVICES TRAINING RESEARCH EQUIPMENT		201,357 42,640 58,734 7,887	
		871,875 33.8%	308,818 35.4%	151,504 17.4%
MAN.	SERVICES TRAINING		116,419 20,831	
		137,250 5.3%	135,731 98.9%	69,352 50.5%
SASK.	SERVICES TRAINING EQUIPMENT		103,282 14,030 917	
		138,807 5.4%	118,229 85.2%	77,175 55.6%
ALTA.	SERVICES TRAINING RESEARCH EQUIPMENT		60,050 27,126 9,200 21,609	
		191,604 7.4%	117,985 61.6%	50,125 26.2%
B.C.	SERVICES TRAINING		122,855 42,832	
		237,323 9.2%	165,687 69.8%	119,715 50.4%
N.W.T.	SERVICES		3,043	
		3,043 0.2%	3,043 100%	- -
CANADA	TOTALS	2,579,447 100%	1,612,170 62.5%	1,023,269 39.7%

DISABILITY ALLOWANCES STATISTICS NEW ENTRANTS CASeload, 1961

PROVINCE	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
N.FLD.	19	11	10	16	8	15	19	11	13	6	14	8	150
P.E.I.	2	11	19	9	11	1	8	-	11	5	6	9	92
N.S.	45	20	12	33	23	20	8	45	27	20	43	4	300
N.B.	12	18	12	17	11	13	12	4	21	13	28	13	174
QUE.	129	94	86	130	98	92	91	94	65	71	73	43	1,065
ONT.	188	215	218	199	194	206	159	182	200	142	228	197	2,328
MAN.	12	10	16	14	12	14	9	5	8	11	18	14	143
SASK.	16	24	18	20	7	12	19	29	5	21	16	9	196
ALTA.	28	13	27	16	20	16	17	18	19	11	14	11	210
B.C.	32	22	9	35	30	19	31	17	29	29	16	18	287
N.W.T.	3	-	-	-	-	-	1	-	-	-	-	-	4
YUKON	-	-	1	-	-	2	-	-	-	-	-	-	3
CANADA	486	438	428	489	414	410	374	405	398	329	456	325	4,952

DISABILITY ALLOWANCES STATISTICS CUMULATIVE CASE LOAD, 1961

PROVINCE	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
N.FLD.	1,212	1,219	1,220	1,232	1,234	1,237	1,255	1,262	1,270	1,269	1,271	1,272
P.E.I.	728	735	752	757	765	762	768	760	768	768	771	778
N.S.	2,713	2,717	2,704	2,719	2,718	2,723	2,711	2,734	2,749	2,747	2,770	2,747
N.B.	1,949	1,961	1,963	1,964	1,962	1,974	1,971	1,958	1,967	1,971	1,996	1,994
QUE.	24,214	24,012	24,009	23,789	23,609	23,468	23,342	23,242	23,111	22,972	22,813	22,693
ONT.	13,185	13,231	13,307	13,377	13,439	13,508	13,498	13,530	13,550	13,567	13,629	13,708
MAN.	1,402	1,403	1,415	1,418	1,428	1,429	1,425	1,416	1,416	1,419	1,435	1,442
SASK.	1,429	1,443	1,449	1,456	1,463	1,467	1,472	1,488	1,478	1,488	1,486	1,493
ALTA.	1,781	1,780	1,790	1,774	1,780	1,780	1,787	1,785	1,775	1,774	1,765	1,756
B.C.	2,008	2,014	2,017	2,025	2,049	2,061	2,085	2,083	2,106	2,116	2,123	2,136
N.W.T.	20	20	20	20	20	20	20	21	21	21	21	20
YUKON	3	3	4	4	4	6	6	6	6	6	6	6
CANADA	50,644	50,538	50,650	50,535	50,471	50,435	50,340	50,285	50,217	50,118	50,086	50,045

NUMBER AND PERCENTAGE OF DISABILITIES OCCURRING MOST FREQUENTLY

IN CASES GRANTED ALLOWANCES APRIL 1960 TO MARCH 1961

DISABILITIES		P.E.I.	N.S.	N.B.	QUE.	ONT.	MAN.	SASK.	ALTA.	B.C.	CANADA
1. Mental Deficiency	80 4.7%	36 2.1%	118 6.9%	78 4.6%	522 30.7%	489 28.7%	64 3.8%	112 6.6%	101 5.9%	102 5.9%	1,702 26.4%
2. Arteriosclerotic & degenerative Heart Disease	7 1.3%	10 1.8%	62 11.4%	12 2.2%	31 5.7%	392 72.2%	7 1.3%	1 0.1%	14 2.6%	7 1.3%	543 8.4%
3. Neoplasms	5 1.6%	2 0.6%	23 7.1%	15 4.7%	94 29.2%	148 46.0%	3 0.9%	4 1.2%	25 7.8%	3 0.9%	322 5.0%
4. Schizophrenic Disorders	3 1.0%	14 4.8%	31 10.7%	12 4.1%	60 20.6%	100 34.4%	6 2.1%	23 7.9%	18 6.2%	24 8.2%	291 4.5%
5. Epilepsy	2 0.8%	3 1.2%	13 5.0%	2 0.8%	134 55.0%	56 23.1%	4 1.7%	12 5.0%	5 2.1%	11 4.5%	242 3.8%
6. "Other" Cerebral Paralyses	2 0.9%	2 0.9%	4 1.7%	1 0.4%	184 79.0%	22 9.4%	2 0.9%	10 4.3%	1 0.4%	5 2.1%	232 3.6%
7. Rheumatoid Arthritis & Allied Conditions	6 2.7%	6 2.7%	20 8.9%	11 4.9%	40 17.9%	103 46.0%	10 4.5%	6 2.7%	7 3.1%	7 6.7%	224 3.5%
8. Hypertensive Diseases	1 0.5%	1 2.1%	10 5.3%	3 1.6%	14 7.5%	152 81.3%	1 0.5%	-	2 1.1%	-	187 2.9%
9. Multiple Sclerosis	5 3.3%	5 3.3%	11 7.3%	2 2.0%	52 34.0%	37 24.5%	11 7.3%	12 7.9%	11 7.3%	11 4.6%	151 2.3%
10. Other and Unspecified Diseases of Heart	2 1.0%	1 0.7%	- - -	- - -	125 91.2%	9 6.6%	-	-	-	-	137 2.1%
11. Osteoarthritis, Arthrosis & allied Conditions	- - -	3 2.4%	2 1.6%	1 0.8%	23 18.4%	23 67.2%	1 0.8%	1 2.4%	3 0.8%	1 5.6%	125 1.9%
12. Bronchitis	3 2.05%	- - -	3 2.5%	- - -	18 14.9%	85 70.2%	7 5.8%	1 0.8%	2 1.7%	2 1.7%	121 1.9%
13. Chronic Rheumatic Heart Disease	2 1.8%	6 5.5%	13 11.8%	5 4.5%	10 9.1%	55 50.0%	6 5.0%	2 1.8%	8 7.3%	3 2.7%	110 1.7%
14. Diabetes Mellitus	- -	- -	5 4.7%	4 3.7%	27 25.0%	63 58.0%	3 2.0%	1 0.9%	4 3.7%	-	107 1.7%
15. Diseases Attributable to Viruses	1 0.9%	2 1.9%	3 2.8%	4 3.7%	36 33.6%	37 34.6%	10 9.3%	1 0.9%	6 5.6%	7 6.5%	107 1.7%
ALL DISABILITIES	178 2.8%	136 2.1%	432 6.7%	216 3.3%	1883 29.2%	2612 40.5%	181 2.8%	229 3.6%	283 4.4%	298 4.6%	6,448 100%

Statement of Mr. John E. Osborne, Director of Research and Statistics Division, Department of National Health and Welfare to the National Advisory Council on the Rehabilitation of Disabled Persons.

Mr. Chairman and members of the National Advisory Council:

I plan to be very brief and to direct my remarks largely to the new members of the Council. My intention is to review two welfare programs administered by our Department, which are related to the problems of disabled persons, and to mention two new programs recently proposed by the government.

The Disabled Persons Act was passed in 1954 and provides for federal reimbursement to the provinces for allowances they have paid to permanently and totally disabled persons aged 18 or over who are in need and who have lived in Canada for at least ten years just before the allowance began. To qualify for this allowance, a person must meet the definitions of need and of permanent and total disability established under this Act. That is, an unmarried person's income may not exceed \$1,140 a year, and a married couple's income may not exceed \$1,980 a year, or \$2,340 a year if the spouse is blind. Furthermore, a person must be suffering from a major physiological, anatomical, or psychological impairment, verified by objective medical findings, and one that is likely to continue indefinitely without substantial improvement. Under this program the federal government shares with the provinces at the rate of 50 per cent of allowances amounting to not more than \$65 a month. It should be noted that this allowance will be suspended when, in the province's opinion, the disabled person unreasonably neglects or refuses to take advantage of training, rehabilitation, or treatment facilities available in the province.

The other program I would like to bring to your attention is the Unemployment Assistance Act passed in 1956. This is a federal grant-in-aid program under which Canada shares with the provinces and their municipalities the cost of general assistance. In the various provinces this assistance program may be known as social aid, social allowances, social assistance, or general welfare assistance. Unemployed persons can qualify for assistance under this program whether employable or unemployable. The federal government may reimburse the provinces for 50 per cent of their expenditures on this kind of assistance. To qualify for this assistance a person must be in need; the criteria for establishing need and the rates at which assistance is paid, are established at either provincial or municipal level. The only stipulation made by the federal government is that the amount of assistance paid must be determined by an assessment, both of the recipient's basic requirements and of his financial resources. Under this program, therefore, the federal government may share in supplementary allowances paid to persons in receipt of disability allowances, and blindness allowances, as well as old age assistance and old age security payments.

Two recent announcements by the federal government should also be mentioned briefly. In the Speech from the Throne, the Prime Minister announced that, if the necessary constitutional amendment could be agreed to by all provinces, his government would introduce a program of contributory pensions for retired persons, their survivors, and persons who become disabled before reaching retirement age. This program was described as being similar to the American Old Age, Survivors, and Disability Insurance Program. Of interest to the National Advisory Council would be the disability insurance features of such a program. It should be noted that, under the American program, a disabled person does not have to be completely, totally, and permanently disabled to qualify for benefits, but his disability must be of such a nature, taking into account his age, education, skill, experience, and environment, as to prevent him from participating

in gainful employment. If the necessary constitutional amendment is forthcoming, then, we may look forward to a disability insurance program in Canada at some future date. I should emphasize that this proposal is still in the elementary planning stages.

The final program I would like to bring to your attention is the new program of welfare grants announced by the Minister of National Health and Welfare in April of this year. This program will make available \$2 $\frac{1}{2}$ million in grants at the end of five years, of which 10 per cent has been allocated to welfare research grants, and the remaining 90 per cent to general welfare grants including professional training. It is intended that money will be made available for the education of social workers and other welfare personnel, for demonstration projects, field instruction, staff training, and consultative services. I mention this welfare grant program in particular because I know the members of the Advisory Council are concerned about the shortage of trained welfare workers in Canada. It will be evident to you that any rehabilitation program requires a social and psychological assessment of the persons in need of rehabilitation as well as a physical assessment. With the expansion in rehabilitation programs in Canada, there is an expanding need for qualified people in these fields. It is to be hoped that the new welfare grants program will provide the necessary stimulation to meet these needs.

PRESENTATION
on behalf of
THE UNEMPLOYMENT INSURANCE COMMISSION
to
THE NATIONAL ADVISORY COUNCIL
ON THE REHABILITATION OF DISABLED PERSONS

Ottawa, Ontario, May 14, 1962

Every case processed by a rehabilitation service must have as its optimum goal restoration of the individual to the point of self-support, where he or she can make a worthwhile contribution to society.

Suitable employment, then, is the target at which all efforts are directed, and the significance of job placement in the overall rehabilitation plan cannot be over-emphasized. It is in this area -- selective placement of the disabled -- that the National Employment Service of the Unemployment Insurance Commission makes its major contribution to rehabilitation in Canada.

The policy of the National Employment Service has been to endeavour to refer to suitable employment any employable resident of Canada of whatever occupation or calling. Within the framework of this policy recognition has been taken of the particular needs of smaller groups, among whom are the physically handicapped, and without prejudicing or restricting the employment rights of other persons, provision has been made to give special assistance to those who require help to secure suitable employment. This service is provided by staff known as special services officers. In larger centers, where the volume of work is high, there are separate special service sections of the National Employment Office. These sections are staffed by full time Special Services Officers. In the smaller centers, officers are trained for the responsibility of providing this specialized service in addition to other duties. In this way special services facilities are available at all local offices across Canada.

It may be said that the Special Services Sections in the local offices are auxiliary services to the employment operation. Persons who encounter difficulty in securing or retaining employment, those who meet employer resistance because of age, physical or mental handicap, those whose skills have become obsolete, young persons entering the labour market, persons desirous of entering training courses, and other similar categories of persons receive the services available in the special services branch of the local office. All of these persons have a common problem, that of a need for satisfactory adjustment in the field of employment. A characteristic of the special services group is their need for more comprehensive counselling than can be provided by the general employment section. The actual referral and placement in employment of such applicants may be made by special services officers or general placements officers according to the circumstances of the individual case. Persons requiring some degree of personal presentation to employers are selectively placed by special services officers.

During the calendar year ended December, 1961, 18,071 such persons were selectively placed in employment. For the first quarter of 1962 the number of these cases placed totalled 3,902. Counselling interviews conducted during the year 1961 in respect to these cases numbered 103,241. Counselling interviews recorded for the first quarter in 1962 totalled 27,778. I would like to mention that the total of all placements made by NES during 1961 was 1,119,862, the highest number of placements recorded since 1945.

STAFF

The NES, as previously stated to the former Advisory Committee on Rehabilitation, intends to continue its policy of expansion of special services as the need is demonstrated. As demands for services increase, a growing number of our offices are being staffed with full-time special services officers. Some appreciation of this expansion can be had in noting the developments which have taken place in this respect during the past four years.

In April, 1958, of 193 local offices of the Commission, 26 had 167 full-time special services officers. In April, 1962, of 201 local offices, 110 had 259 full-time special services officers. Not included

in this number are the Employment Liaison Officers appointed in recent years, to whom I shall subsequently refer.

In considering staffing, however, much more is required than just plain numbers. Special services is a highly specialized field, a very technical business which requires intelligent, competent and efficient officers to perform the complex duties of counselling and selective placement of physically handicapped persons. The development and strengthening of these officers imposes upon the Commission a need for the provision of adequate training programs, -- we, therefore, intend to continue to devote considerable attention to staff development by means of appropriate training courses tailored to our particular requirements. In the past, courses have been held for special services officers at the universities of Toronto, Montreal, Laval and Western Ontario. Area schools are held periodically at various centres across the country. Extensive training in all phases of special services work is provided at these schools to full-time special services officers, employment branch supervisors and managers of smaller offices. Representatives of Provincial Rehabilitation Departments attend these schools and participate actively as lecturers and observers. Training on the job sessions are conducted in all local offices on a continuing basis, and in addition, specialists at regional offices provide advice, counsel and guidance as the need is indicated. During the past 12 months, six area schools have been held in Nova Scotia, New Brunswick, Quebec and Ontario. Three of these schools will be held in the Prairie Region in the very near future, and one is now in the planning stage for the Pacific Region.

EMPLOYMENT BRANCH SUPERVISORS

A necessary adjunct to the training of special services officers is the training of employment branch supervisors who, as heads of employment branches in our larger offices, and as designated officers responsible for special services function in our smaller offices, participate in the placement of the physically handicapped.

Training conferences have been held for these officers during the past 12 months in the Quebec, Prairie and Pacific Regions. Two training conferences are to be held in the Ontario Region within the next few months.

Improvements in respect to special services staff have recently been made. Reclassification of these officers to higher grades have resulted in increases in salaries and favourable results are evident. At the recruiting level, candidates possessing university degrees have entered the field of special services at Vancouver, New Westminster, Edmonton, Montreal, Quebec City, Shawinigan, Kentville and Yarmouth. This is most encouraging from the long range standpoint.

EMPLOYMENT LIAISON OFFICERS

In discussing the staff expansion program, reference was made to the appointment of employment liaison officers. Recognizing the need for liaison between local offices of NES and the provincial rehabilitation authorities, and the coordination of NES efforts on behalf of rehabilitants, an experimental program was introduced in British Columbia with the appointment of an employment liaison officer to work closely with the co-ordinator of rehabilitation in that province. In this capacity the employment liaison officer serves as a member of the rehabilitation assessment group, advising on the employment and training aspects of individual plans being developed for handicapped persons, and to evaluate and determine as far as possible the employability of rehabilitants in relation to possible placement by NES. The success of this program having been established, appointments of these officers were made in the Provinces of Alberta and Saskatchewan, where satisfactory results have been obtained. Extension of the E.L.O. program to the Atlantic Region was undertaken in April, 1962, with officers appointed to the Provinces of Nova Scotia and New Brunswick within the past few weeks. These officers have just been inducted into their new duties and are working closely with the rehabilitation co-ordinators in those provinces.

TESTING

Testing facilities are available in 16 NES local offices. Various types of tests are used as in-service aids to counselling, in assisting employment officers and counsellors in the occupational classification of job applicants. Installations of testing programs were recently made at

Vancouver and New Westminster. Refresher training in testing was also recently given at Winnipeg and Montreal offices. Prior to the installation of testing facilities in a local office, all employment branch personnel are instructed in the basic values and interpretation of test results. Turnover of personnel engaged in the testing program creates a continuing need for refresher training. The Commission proposes a long term expansion of its testing facilities.

INADEQUACY OF SKILLS AND TRAINING

A report on NES activities in the field of rehabilitation would be grossly out of perspective if it did not include identification of the problems which confront special services officers in their efforts in employment placement of the physically handicapped. In many cases the physical limitations of the rehabilitant do not pose the primary problem -- too frequently the problem is one of inadequate training, mainly a lack of formal education. There are tremendous changes taking place in the world of work; changes which impose upon the labour force a need for adequate schooling and vocational and technical education. The great changes brought about by automation in industry can in reality be a boon to the physically handicapped. Automated industry has released many workers from the actual physical exertion previously required to perform many jobs. No longer should emphasis be placed on the need for top physical condition. Instead, emphasis is now placed on the need for the worker having a sound educational background in order to assimilate the training necessary for the performance of the job duties. Much is being accomplished in the field of training the physically handicapped -- much more remains to be done.

This, then, is an outline of how NES is organized to fulfil its role as the placement agency in the rehabilitation program. It should be borne in mind that NES is not a social agency, but a public employment service charged with the responsibilities of finding suitable workers for employers as well as suitable jobs for workers. It is the former responsibility which compels us to refer to suitable employment only those who are physically and mentally capable and willing to accept and perform work of a competitive nature. We will not attempt to place incapable persons for compassionate reasons, although compassion is a quality usually found in abundance in special services officers. On the contrary, our obligation to Canada's physically disabled stems from our responsibility as the public employment service which by International Labour Organization Convention 88, ratified by Canada, is charged with ensuring "the best possible organization of the labour market as an integral part of the national program for the achievement and maintenance of full employment and the development of productive resources". If we are to discharge this responsibility, we must do everything possible to develop the productive potential of the disabled, and by placing them in suitable employment, enable them to make their maximum contribution to the economy of the nation.

(Sgd.) C.A.L. Murchison

Commissioner.

SELECTIVE PLACEMENT OF HANDICAPPED PERSONS

Period: Calendar Year 1961

SUMMARY BY PROVINCE

<u>Province</u>	<u>Placements</u>
Newfoundland	61
Nova Scotia	781
New Brunswick	465
Prince Edward Island	142
Quebec	5,327
Ontario	6,645
Manitoba	816
Saskatchewan	761
Alberta	1,732
British Columbia	<u>1,341</u>
CANADA TOTAL	18,071

NOTE: The above placements were made by special placements officers of the National Employment Service for Handicapped Applicants (male and female) who required a certain degree of presentation to employers.

Ottawa, May 2, 1962.

Report of Mr. R.N. Meilleur
Assistant Co-ordinator
Civilian Rehabilitation
PROVINCIAL DEVELOPMENTS

In reviewing developments from the Atlantic to the Pacific, there are two key words:

"Registration"
"Services"

In the area of registration, although much remains to be done, there has been an increase in case-finding activities through various means and a parallel development of provincial registries and assessment services. In British Columbia we note the broader coverage in registration and related efforts to identify the disabled requiring service. In Newfoundland the surveys of the ship "Christmas Seal" and other surveys of outlying areas are an example of what can be done in the most difficult circumstances.

In the area of services, there has been a greater emphasis on the vocational aspects and the vocational goals of the program. In all the provinces, progress in the closer co-ordination of medical, social and vocational services has resulted in improved services to individuals. Reports from Manitoba highlight such progress and show clearly what, in Canada, has resulted from the work of councils, committees and provincial co-ordinators.

As a direct result, efficient and practical assessment procedures have been developed and assessment facilities have been established in every province. This is particularly evident in rehabilitation efforts on behalf of the mentally ill and the mentally retarded where combined operations have begun to show gratifying results. Reports from Ontario and Saskatchewan are indicative of what is happening across the country.

Increased efforts in academic up-grading and finding of training-on-the-job opportunities as seen in New Brunswick and Nova Scotia show what is being done in the resettlement of disabled Canadians with little or no vocational preparation. Similar programs in Quebec and particularly the number of disabled persons trained in Quebec demonstrate the value of a versatile training program.

Reports from Prince Edward Island, in addition to focussing attention on increased prosthetic services now available across Canada, show very clearly what can be accomplished by co-ordinated community effort.

Mr. Murchison has touched on the closer liaison between rehabilitation and employment services. The need for joint community effort is

well known and it is encouraging to hear from Newfoundland of the C.A. Pippy Awards to the outstanding handicapped man and woman of the year, and of special funds available for loans to disabled fishermen for private business ventures. Saskatchewan also has established an award, the Lieutenant Governor's Citation, to be presented annually to those employers who best typify the principles and practices of employing the disabled.

Alberta reports remind us of the development of sheltered workshops, but particularly indicate what has been happening across Canada when they mention "appraisal and re-assessment of programs". A report on provincial developments should, in addition to listing progress and difficulties, include a study and review of services and of ways of securing closer co-operation between all agencies concerned with the disabled.

The foregoing is only a small picture of provincial undertakings in vocational rehabilitation. Much can and probably will be added during the deliberations of the Council by provincial representatives and their advisors. Much should be said of the work of provincial field staff members, too few in number, who have provided a high standard of service. Perhaps we can have a better understanding of what has happened by examining our statistics. You have before you an analysis of figures obtained from reports covering the period 1957 to 1961. You also have in front of you a statistical review for the fiscal year ending on 31 March, 1962.

The following is a review of last year's figures comparing them with figures from previous years:

REVIEW OF REHABILITATION STATISTICS

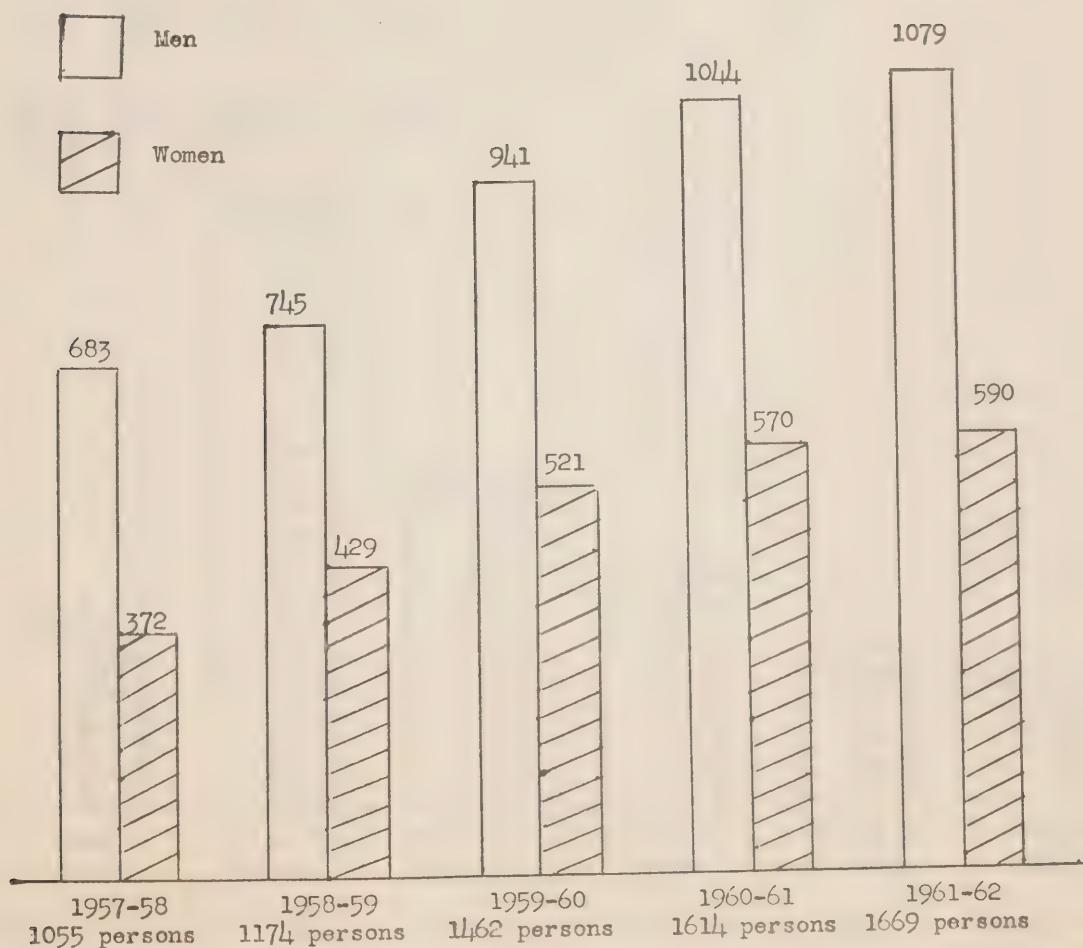
Fiscal Year 1961-62 compared with fiscal years 1957-61

The number of reports on persons rehabilitated under the vocational rehabilitation program has increased steadily in each fiscal year from 1957-8 to 1961-2, a total of 6974 persons altogether. 1,669 persons were reported as rehabilitated in 1961-62. The proportion of men to women, about two to one, remained the same for each year.

NUMBER OF PERSONS REHABILITATED: MEN AND WOMEN

FISCAL YEARS 1957-58 to 1961-62

Number of persons



With regard to age groups, the majority of persons were in the younger age groups, about 60 per cent being between 20 and 40 years old. The age distribution of rehabilitated persons remained about the same for all years including 1961-62.

AGE OF REHABILITATED PERSONS AT TIME OF ACCEPTANCE
FISCAL YEAR 1961 - 1962 and FISCAL YEARS 1957 - 1961

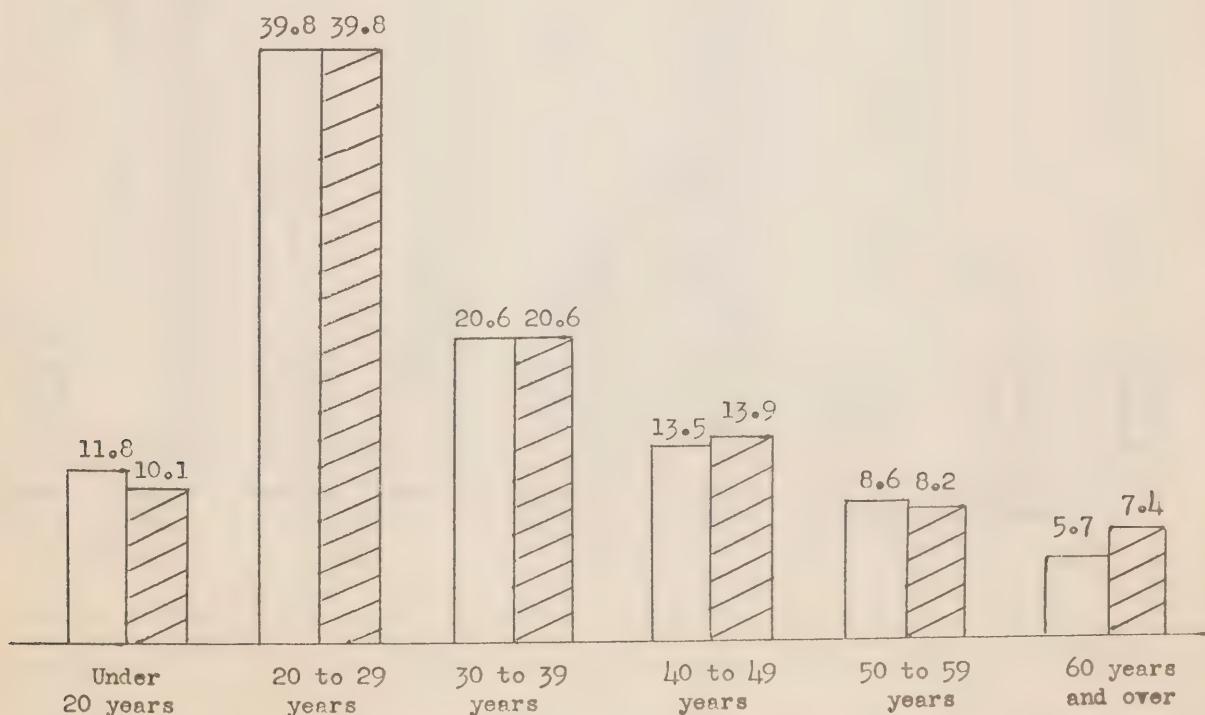
Per cent. of total persons each year



Fiscal Year 1961 - 1962
1669 persons



Fiscal Years 1957 - 1961*
5305 persons



*Fiscal Years 1957 - 1961 age groups were: 20 - 30; 31 - 40; 41 - 50; 51 - 60 and over 60.

The breakdown by disability groups finds the two largest groups to be the neuro-muscular skeletal with 28.5 per cent of the persons and respiratory disabilities with 16.1 per cent. This distribution too was similar for the previous fiscal years.

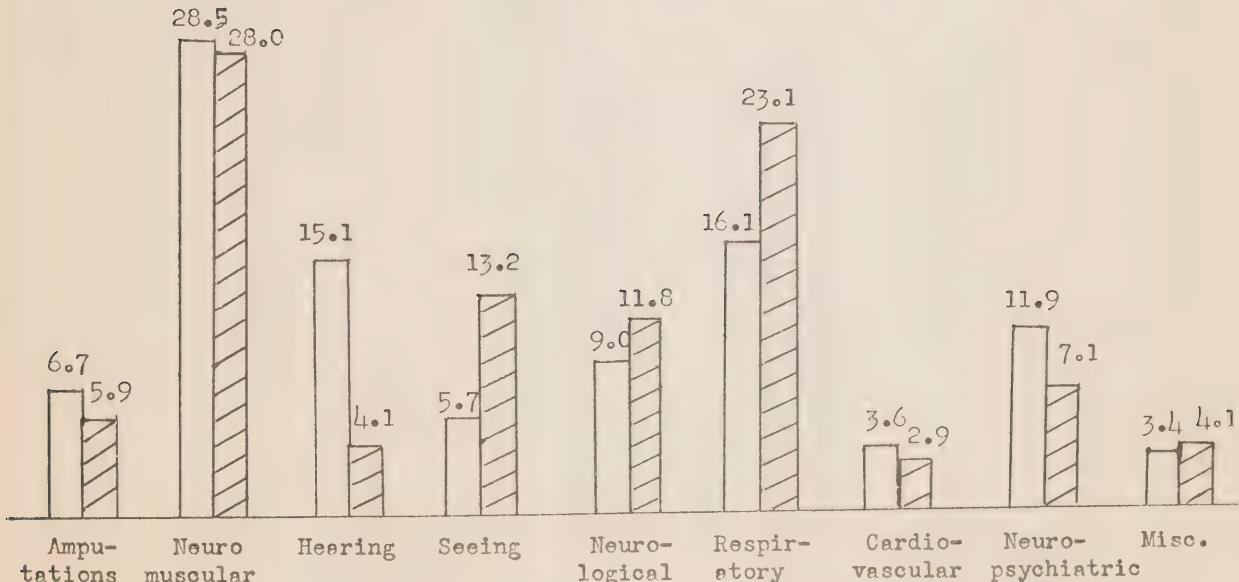
MAJOR DISABILITY GROUPS

FISCAL YEAR 1961 - 1962 and FISCAL YEARS 1957 - 1961

Per cent of total persons

Fiscal Year 1961 - 1962
1669 persons

Fiscal Years 1957 - 1961
5305 persons



The level of education of applicants shows that 45.7 per cent completed 5 to 8 years schooling and another 32.9 per cent completed 9 to 12 years of school. This was somewhat less than for the previous years in the grade 9 to 12 group.

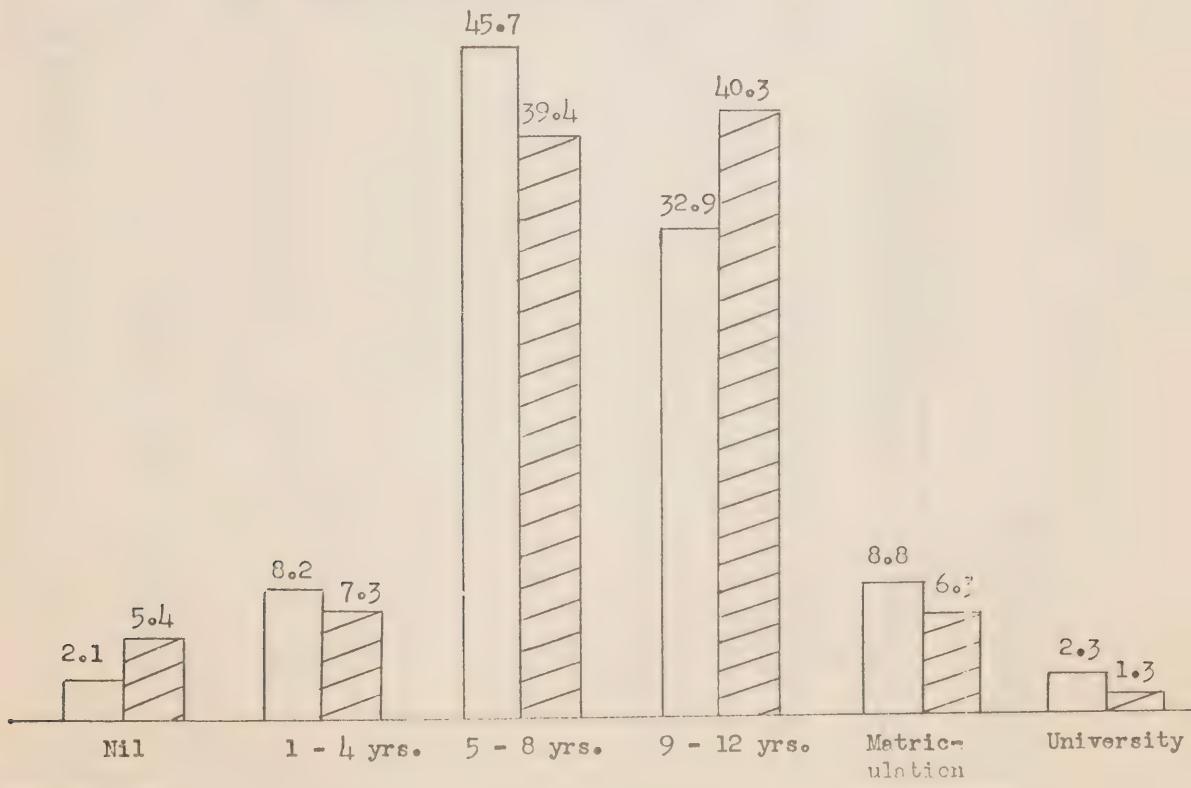
LEVEL OF EDUCATION AT ACCEPTANCE FOR VOCATIONAL REHABILITATION SERVICES

FISCAL YEAR 1961 - 1962 and FISCAL YEARS 1957 - 1961

Per cent of total persons

Fiscal Year 1961 - 1962
1669 persons

Fiscal Years 1957 - 1961
5305 persons



Level of Education

As to the economic aspects of their rehabilitation, in 1961-62, 69.3 per cent of the disabled persons were dependent on relatives or public assistance for financial support at the time of being accepted for services. After completing vocational rehabilitation services, only 5.4 per cent were dependent on relatives or public assistance, while 13.8 per cent were earning under \$1000 a year, 26.7 per cent earning \$1000 to \$2000, 39 per cent \$2000 to \$3000 and 13.2 per cent were earning over \$3000 a year. This picture was similar to that of previous fiscal years.

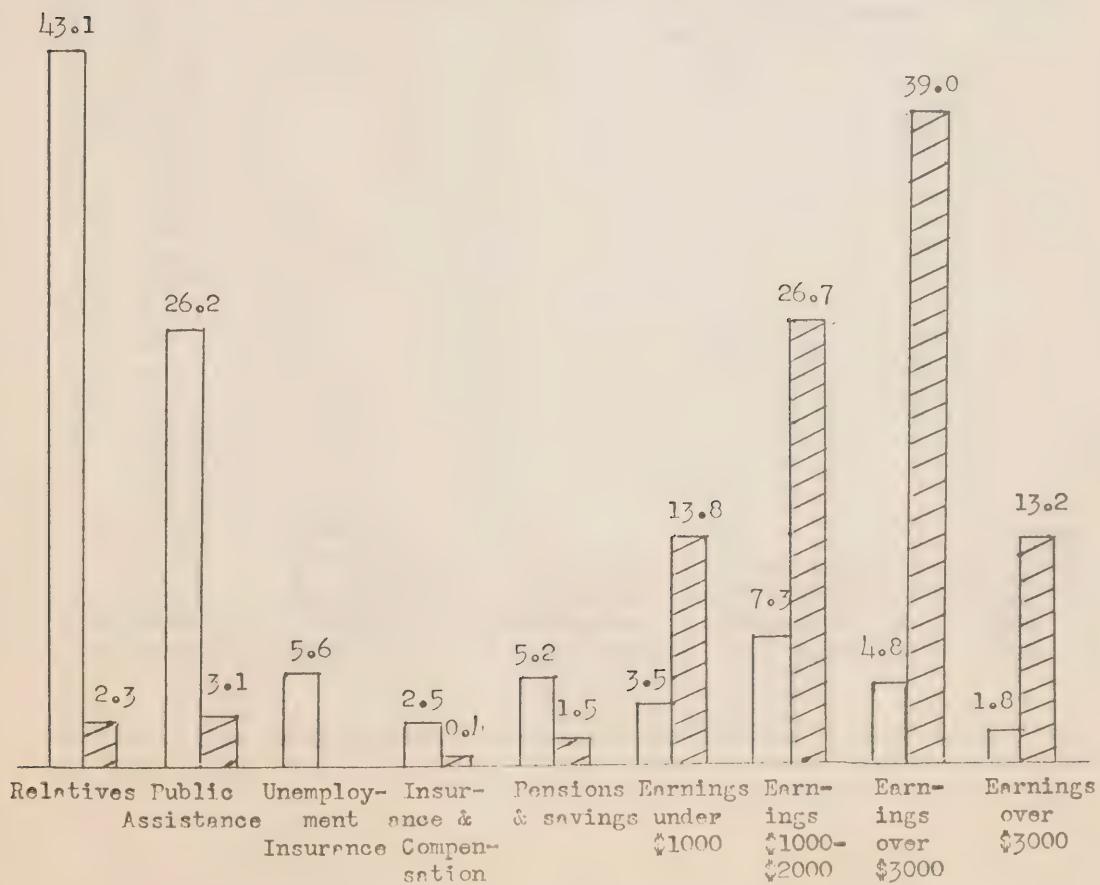
FINANCIAL STATUS BEFORE AND AFTER VOCATIONAL REHABILITATION

FISCAL YEAR 1961 - 1962: 1669 PERSONS

Per cent of total persons

Before receiving vocational
rehabilitation services

After completing vocational
rehabilitation services

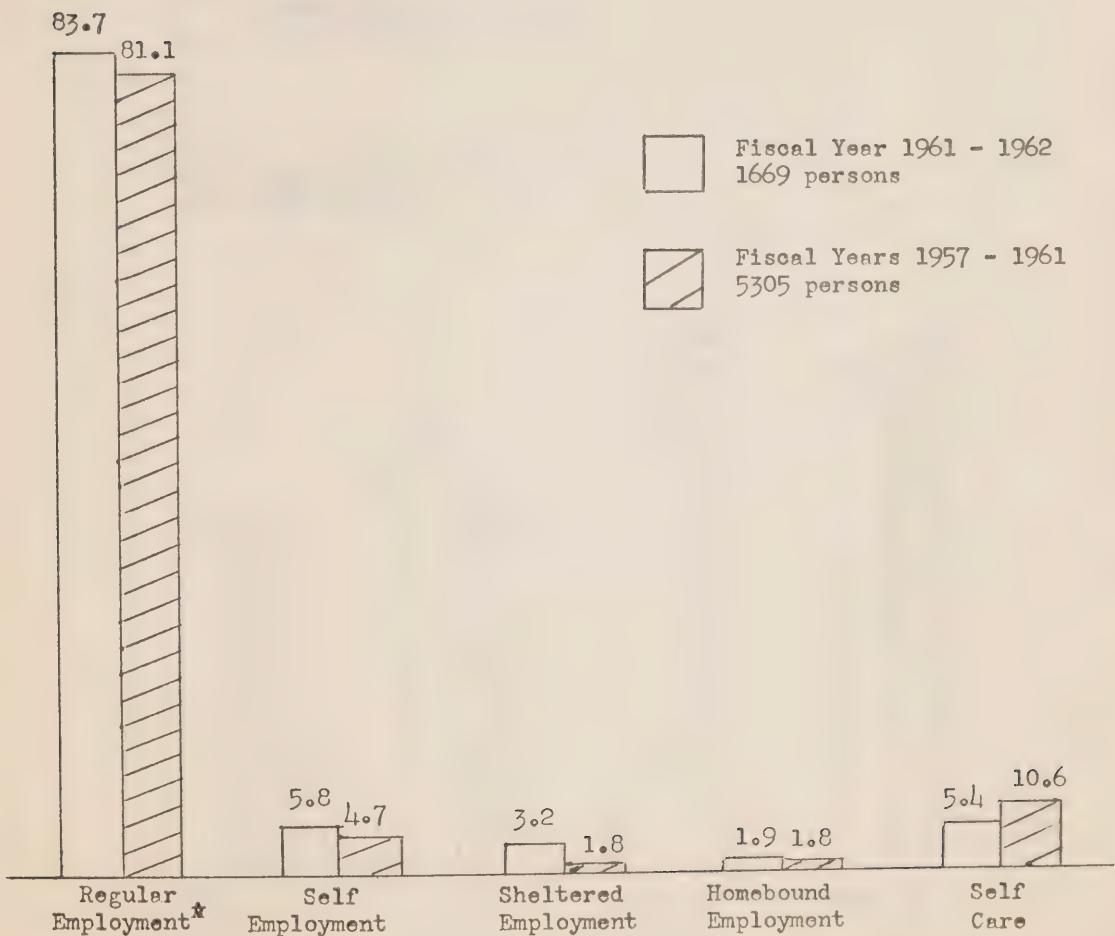


A large proportion of persons accepted for rehabilitation services were restored to or enabled to undertake regular employment; 76 per cent of all persons in 1961 - 1962. The remainder of those rehabilitated were restored to self-employment, sheltered employment, homebound employment, housewife or homemaking and self care.

STATUS OF PERSONS AFTER REHABILITATION

FISCAL YEAR 1961 - 1962 and FISCAL YEARS 1957 - 1961

Per cent of all persons



*Includes those rehabilitated to Housewife or Homemaker - in 1961-62, 7.7%

By length of time required for rehabilitation, 20 per cent required 6 months or less, 25 per cent 6 to 12 months, another 25 per cent 12 to 24 months and 29 per cent required over 2 years duration of rehabilitation services in 1961-62. The proportions were similar for the preceding four fiscal years taken together, except that only 20 per cent required 6 to 12 months, whereas 30 per cent required 12 to 24 months duration of rehabilitation services.

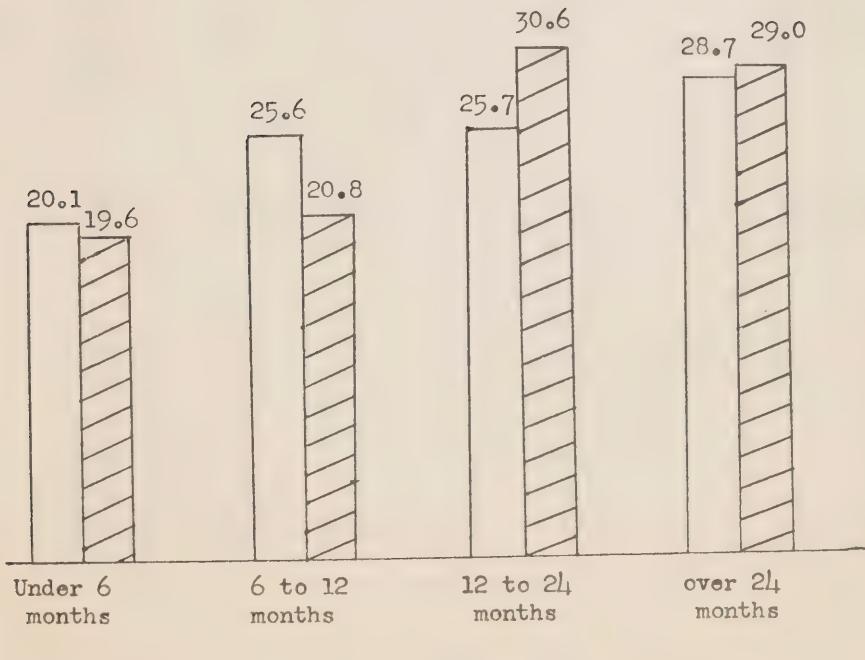
LENGTH OF TIME REQUIRED FOR REHABILITATION

FISCAL YEAR 1961 - 1962 and FISCAL YEARS 1957 - 1961

Per cent of total persons

Fiscal Year 1961 - 1962
1669 persons

Fiscal Years 1957 - 1961
5305 persons



REHABILITATION CASES ON WHICH FULL DETAILS ARE AVAILABLE

PERIOD	NUMBER OF CASES	MALES	FEMALES	NUMBER OF DEPENDENTS	ESTIMATED ANNUAL COST FOR SUPPORT	ESTIMATED ACCUMULATIVE SUPPORT SAVINGS	ANNUAL EARNINGS AFTER REHABILITATION	ESTIMATED ACCUMULATIVE EARNINGS
Up to March 31, 1957	1,001	686	315	610	\$ 450,532	\$ 450,532	\$ 1,750,753	\$ 1,750,753
Fiscal Year 1957-1958	1,055	683	372	826	948,460	1,398,992	1,860,165	3,610,918
Fiscal Year 1958-1959	1,174	745	429	877	1,232,040	2,631,032	2,219,380	5,830,298
Fiscal Year 1959-1960	1,462	941	521	1,146	923,240	3,554,272	2,683,403	8,513,701
Fiscal Year 1960-1961	1,614	1,044	570	1,276	954,304	4,508,576	2,730,502	11,244,203
Fiscal Year 1961-1962	1,669	1,055	590	1,300	902,919	5,411,495	3,198,547	14,442,750
TOTALS	7,975	5,154	2,797	6,035	5,411,495	17,954,899	14,442,750	45,392,623

Ottawa, May, 1962.



REPORT ON REHABILITATED CASES

SUMMARY

Male 1079	Female 590	Total 1669	Received Restoration Services	928
Dependents		1300	Given Training	732
Urban 1055	Rural 614	Total 1669	Provided with Tools and Equipment	12
			Placements	1579
Rehabilitated to Employment 1579		Rehabilitated to Self-Care 90	Total	1669
Cost of Support at Acceptance \$ 902,919		Earnings after Rehabilitation \$ 3,198,547		

TABLE 1 - BREAKDOWN BY SEX, DEPENDENTS, LOCATION AND EDUCATIONAL STANDING AT ACCEPTANCE

Disability Groups		Amputations	Neuro-Muscular Skeletal	Hearing	Seeing	Neurological	Respiratory	Cardio-Vascular	Neuro-Psychiatric	Misc	Total
Total		112	475	252	95	150	269	60	199	57	1669
SEX	Male	98	319	146	46	96	173	45	119	37	1079
	Female	14	156	106	49	54	96	15	80	20	590
Number of Dependents		153	436	127	44	86	221	88	104	41	1300
LOCATION	Urban	56	252	197	67	108	157	43	139	36	1055
	Rural	56	223	55	28	42	112	17	60	21	614
AGE GROUPS	Under 20	7	53	42	10	12	30	8	28	7	197
	20 to 29	24	188	122	33	54	128	21	69	24	663
	30 to 39	20	95	51	8	23	68	16	52	11	344
	40 to 49	19	66	23	18	23	31	7	31	7	225
	50 to 59	22	42	10	10	23	11	5	14	7	144
	60 and over	20	31	4	16	15	1	3	5	1	96
	Nil	5	16	6		6		1	2		36
EDUCATION AT ACCEPTANCE	1 to 4 years	14	31	17	9	12	10	2	40	2	137
	5 to 8 years	62	204	187	29	56	96	30	73	26	763
	9 to 12 years	29	167	32	33	61	118	22	64	22	548
	Matriculation	2	47	7	19	12	33	5	15	7	147
	University		10	3	5	3	12		5		38

TABLE 2A - FINANCIAL STATUS AT ACCEPTANCE

Disabilities Groups	Age-groups	Arthritis	Neuro-Muscular Diseases	Hearing	Seeing	Neuro- logical	Respiratory	Cardio- vascular	Neuro- Psychiatric	Misc	Total
Dependent on Relatives		40	228	114	26	72	102	25	85	26	71
Dependent on Public Assistance		21	105	28	37	32	110	20	69	15	43
Disability Allowances & Other Allowances, Compensation etc.		7	22		3	4	4		2		4
	Under \$500		3		1		1		2	1	1
	\$501 to \$1000		3	15	8	4	6	1	6	3	5
	\$1001 to \$2000		11	30	31	4	11	19	2	11	3
	\$2001 to \$3000		8	23	33	1	2	9	1	3	20
	Over \$3000		4	6	3	2	3	3	2	5	23
Old Age Security, Retirement Pension, Annuities, Savings		12	22	2	14	14	5	3	9	6	87
Unemployment Insurance		6	21	22	3	6	10	6	7	1	92
										TOTAL	1669

TABLE 3A - PRINCIPAL OCCUPATION BEFORE ACCEPTANCE

Professional and Managerial	6	14	3	14	4	12		6	4		62
Sales and Clerical	3	35	22	15	23	37	8	25	2		170
Service Occupations	18	43	11	9	13	36	4	32	11		177
Agriculture, Fishery, Forestry etc.	23	37	12	4	12	20	5	12	4		129
Skilled Occupations	11	48	17	5	17	21	10	10	6		145
Semi-skilled Occupations	10	23	16	1	3	14	8	10	3		88
Unskilled Occupations	20	82	74	9	22	64	7	27	12		317
Housewife or Homemaker	8	34	12	16	15	6	5	15	2		113
No previous Occupation	12	158	85	22	41	59	13	62	13		465
Retired	1	1									2
										TOTAL	1669

TABLE 4A - TRAINING BEFORE ACCEPTANCE

Academic		3			1						4
Professional		2	13	4	9	2	5	1	6	2	44
Technical				1						1	2
Commercial		1	14	32	7	15	12	2	13	1	97
Trade		7	22	66	4	7	14	2	4	6	138
Service Occupation		2	6	1		3	5	2	2	1	21

TABLE 2B - FINANCIAL STATUS AFTER REHABILITATION

Disability Groups	Amputations	Neuro-Muscular Skeletal	Hearing	Seeing	Neurological	Respiratory	Cardio-Vascular	Neuro-Psychiatric	Misc	Total
Dependent on Relatives	4	10	3	4	10	2		6	1	40
Dependent on Public Assistance	3	11	1	21	8	2	3	2		51
Disability Allowances & Other Allowances, Compensation etc.	1	3		1	1			1		7
EARNINGS	Under \$500	1	7	7	31	7		10		63
	\$501 to \$1000	18	66	11	20	27	5	3	42	198
	\$1001 to \$2000	30	143	56	17	30	71	18	64	165
	\$2001 to \$3000	39	169	149	23	44	132	25	45	650
	Over \$3000	9	62	25	2	19	57	9	28	221
Old Age Security, Retirement Pensions, Annuities, Savings	7	4		7	4		2	1		25

* Persons in this group now contributing to their support with small earnings.

TOTAL PERSONS

1669

TABLE 3B - OCCUPATIONS AFTER REHABILITATION

Professional and Managerial	7	38	2	6	13	34	6	6	9	121
Sales and Clerical	10	120	53	24	38	81	15	44	10	395
Service Occupations	21	54	38	5	19	55	15	47	12	266
Agriculture, Fishery, Forestry etc.	14	27	9		8	6	2	11	3	80
Skilled Occupations	17	65	33	29	12	44	5	20	10	235
Semi-skilled Occupations	10	37	40	3	7	15	4	6	1	123
Unskilled Occupations	10	58	68	12	12	24	5	38	6	233
Housewife or Homemaker	8	48	5	14	18	7	3	18	5	126
Self-Care	15	28	4	2	23	3	5	9	1	90
									TOTAL	1669

TABLE 4B - SERVICES PROVIDED - TRAINING

Academic	1	5				18		1		25
Professional	1	17		3	7	25	4	2	2	61
Technical		1				2		1		4
Commercial	3	84	10	22	19	80	13	38	11	280
Trade	9	63	11	36	13	60	8	33	7	240
Service Occupation	3	17	17	9	2	31	13	27	3	122

TABLE 5 - OTHER SERVICES PROVIDED

Type of Service	Number of Persons	Hours of Service										Total
		Medical	Hearing	Seeing	Respiratory	Care of Eyes	No. of Persons	Med.	Hearing	Seeing	Respiratory	
Consulting	103	431	247	77	162	217	55	194	56	1513		
Persons Receiving Services	72	217	82	25	129	162	34	120	34	923		
Medical	56	274	87	12	109	96	26	72	30	773		
Surgical	11	75	1	1	14	19	10	4	10	145		
Psychological	17	70	16	4	31	16	10	59	4	227		
Psychiatric	3	8	1	1	2	2	68	2	27			
Physiotherapy	24	162	2		77	7	1	19	2	310		
Occupational Therapy	11	46	2	21	49	14		27	1	171		
Speech Therapy	1	4	4		18			8	1	36		
Prosthetic	70	103	25	8	33		3	2	2	270		
Tools and Equipment		5	2			2	1	1	2	13		
N.E.S.	11	57	6	3	9	25	13	19	13	156		
Rehabilitation Officer	3	33	14	2	4	29	1	9	1	96		
Voluntary Agency	7	29	182	63	18	14	1	24	3	347		
Self	72	266	32	23	83	169	34	70	35	784		
Other	2	38	7	1	8	13	3	45	4	121		

* Information not available for 75 placements.

TOTAL PLACEMENTS

1504

TABLE 6 - STATUS AT CLOSURE

Regular Employment	70	357	238	42	85	239	44	146	47	1268
Self Employment	17	34	2	2	9	17	7	6	3	97
Sheltered Employment	1	4	3	11	13	3	1	16	1	53
Homebound Employment		3		24	2			3		32
Housewife or Homemaker	9	49	5	14	18	7	3	19	5	129
Self-Care	15	28	4	2	23	3	5	9	1	90
									TOTAL	1669

TABLE 7 - DURATION OF SERVICES

Under 6 months	11	69	90	40	32	23	11	54	6	335
6 to 11 months	39	92	118	19	32	62	12	25	19	427
12 to 24 months	26	142	21	22	33	69	23	58	14	428
Over 24 months	37	170	23	24	52	95	21	52	19	473

Date May 7, 1962

TOTAL

1669

VOCATIONAL REHABILITATION OF DISABLED PERSONS PROGRAM

ANALYSIS OF REHABILITATION REPORTS RECEIVED FROM THE PROVINCES

A study was made of the reports received from the provinces on 6865 disabled persons who had received rehabilitation services under the Vocational Rehabilitation Program during the fiscal years 1957 to 1961.

It was thought that some of the information which emerged from the study was of particular interest and value. This report of the main points has therefore been prepared.

The information is presented in nine charts which show the major characteristics of the group and their relationship to the results achieved through rehabilitation.

<u>Page</u>		
1	<u>CHART I</u>	shows THE NUMBER of men and women rehabilitated for each fiscal year 1957 to 1961.
2	<u>CHART II</u>	compares THE AGE groups of rehabilitated and not rehabilitated persons.
3	<u>CHART III</u>	compares THE EDUCATION of rehabilitated and not rehabilitated persons.
4	<u>CHART IV</u>	compares the FINANCIAL STATUS at acceptance of rehabilitated and not rehabilitated persons.
5	<u>CHART V</u>	compares TYPES OF DISABILITY at acceptance of rehabilitated and not rehabilitated persons.
6	<u>CHART VI</u>	relates the DURATION OF DISABILITY of the rehabilitated persons at acceptance to the LENGTH OF TIME REQUIRED FOR REHABILITATION.
7	<u>CHART VII</u>	compares DURATION OF DISABILITY at acceptance of rehabilitated and not rehabilitated persons.
8	<u>CHART VIII</u>	shows the STATUS ATTAINED by rehabilitated persons after rehabilitation completed.
9	<u>CHART IX</u>	shows the annual ESTIMATED EARNINGS of persons rehabilitated to employment.
10	<u>CONCLUSIONS</u>	

MAIN POINTS OF THE STUDY

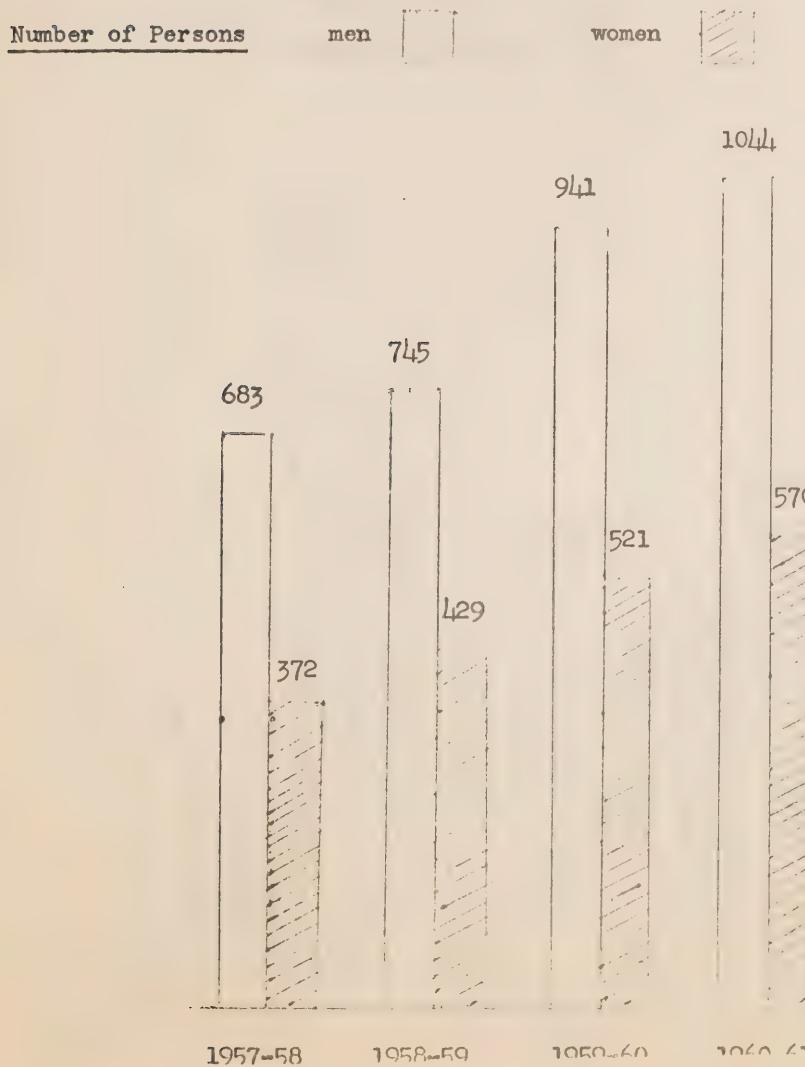
I NUMBER OF PERSONS REHABILITATED

The group selected for this study was a total of 6,865 disabled persons reported by the provinces as having received rehabilitation services under the Vocational Rehabilitation Program during the four fiscal years 1957-8 to 1960-1 and for whom full details were available. Of the total group, 5305 were rehabilitated to regular employment, self employment, sheltered employment, homebound employment, housekeeping or homemaking, or self care. The remaining 1,560 persons were not rehabilitated for a variety of reported reasons including "severity of disability", "lack of motivation", "moving" or "not feasible". The proportion of men to women, about two to one, was similar in both the rehabilitated and not rehabilitated groups. There was a steady increase in the number of persons rehabilitated each year. CHART I shows the number of men and women rehabilitated for each of the four years.

CHART I

NUMBER OF MEN AND WOMEN REHABILITATED 1957-61

Total number - 5305 (men: 3413 women: 1892)



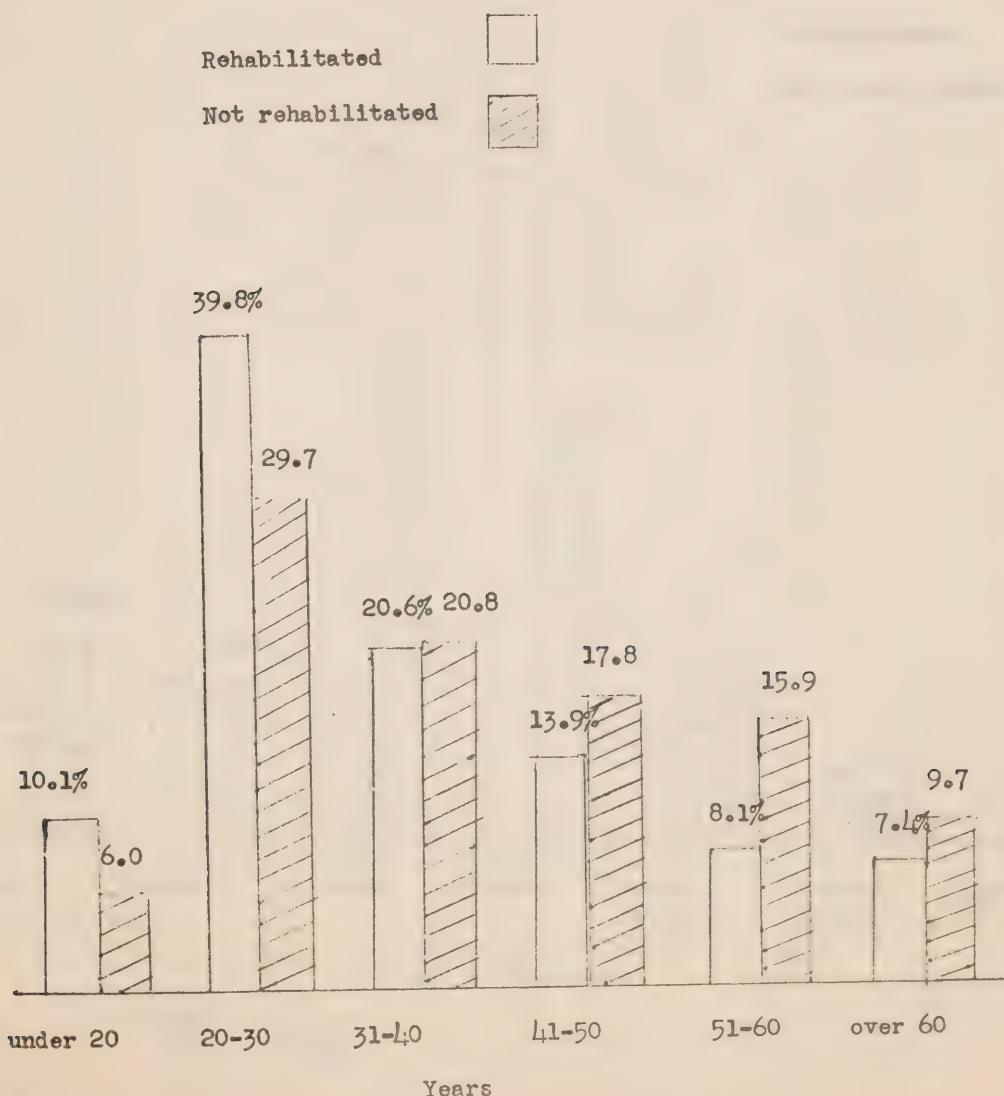
III. AGE

CHART II compares the age groups of rehabilitated and not rehabilitated persons. The age distribution shows the largest category to be within the age range 20 to 30 years (39.8 per cent of the rehabilitated cases and 29.7 per cent of the not rehabilitated cases). It will be noted that a greater percentage of the not rehabilitated persons are in the older age groups (43.4 per cent are over forty years old as compared with only 29.4 per cent of the rehabilitated persons). This would suggest that with increasing age rehabilitation is more difficult to accomplish. This would probably be associated with the duration and type of disability in the older age groups.

CHART II

AGE OF REHABILITATED AND NOT REHABILITATED PERSONS

Per cent of each group



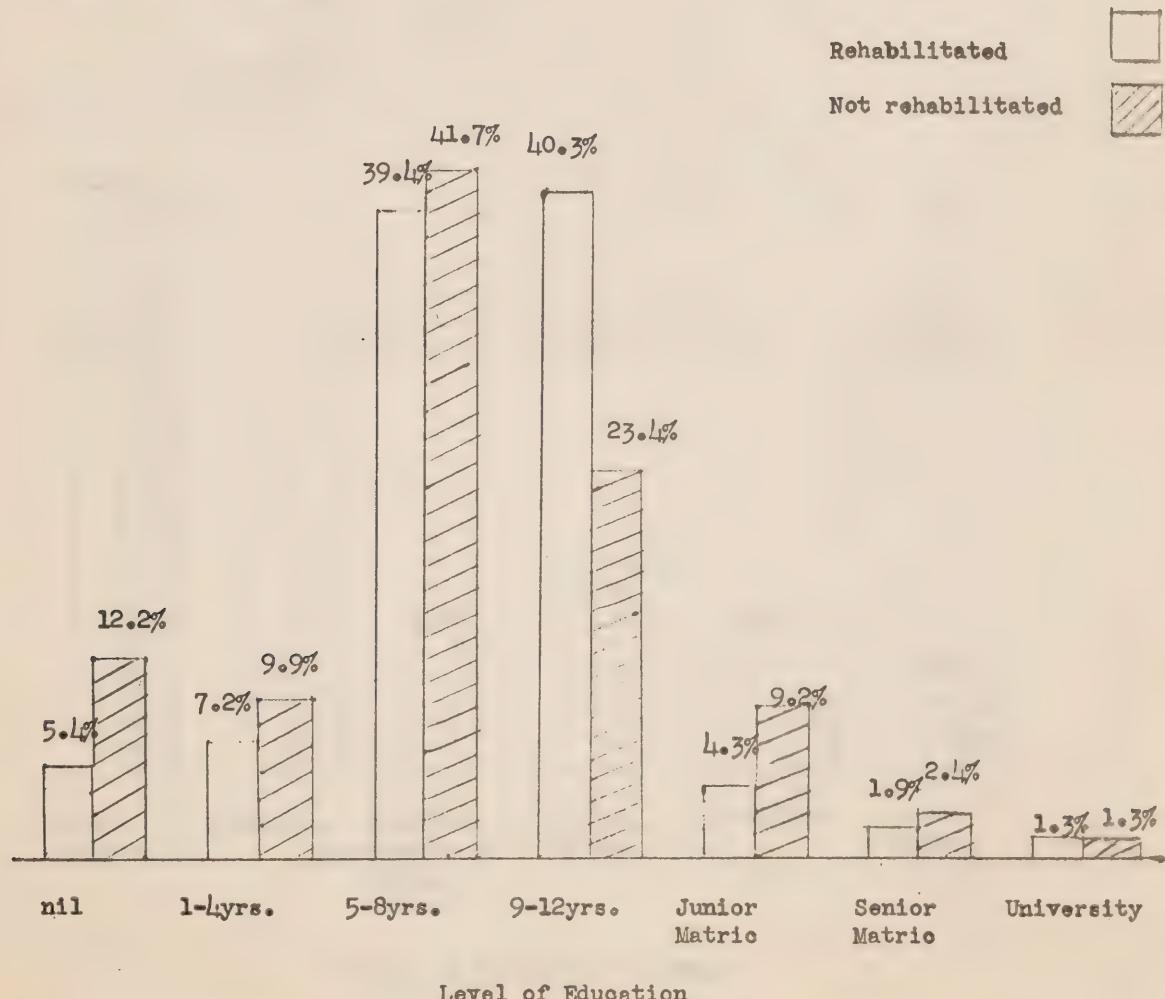
III. EDUCATION

Another factor which would appear to have a bearing on rehabilitation is education. CHART III compares the level of education attained by rehabilitated and not rehabilitated persons. Of the rehabilitated persons, 40.3 per cent had some high school education (9 to 12 years schooling), whereas only 23.4 per cent of the not rehabilitated persons had this amount of education. However, it is rather surprising to find that a greater proportion of the not rehabilitated group had junior matriculation and senior matriculation. In this group with the higher education, possibly other factors have a greater bearing on their not being rehabilitated.

CHART III

EDUCATION OF REHABILITATED AND NOT REHABILITATED PERSONS

Per Cent of each group



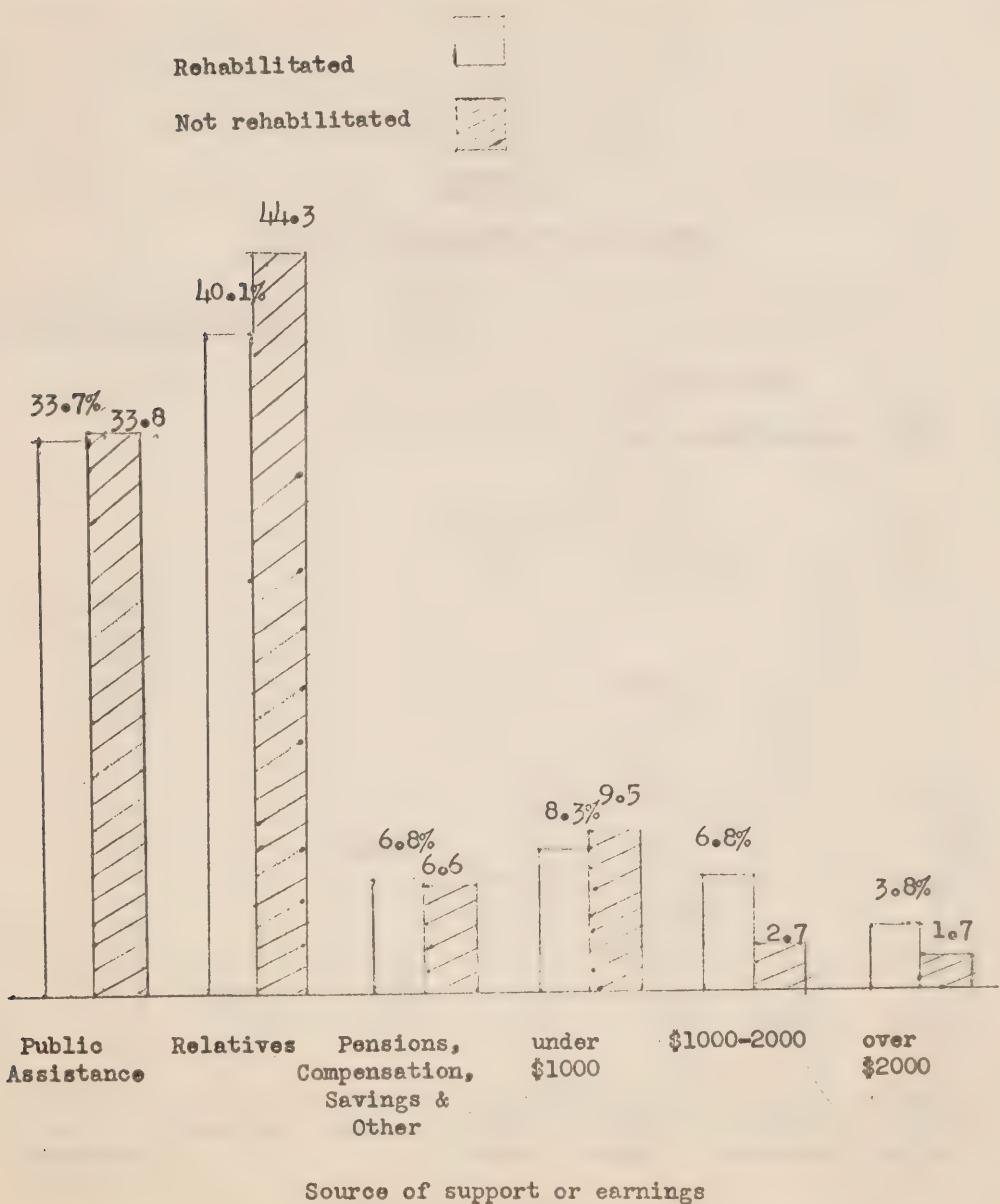
VI. FINANCIAL STATUS

CHART IV compares the financial status at acceptance of rehabilitated and not rehabilitated persons. It shows that an overwhelming proportion of these disabled persons were financially dependent on public assistance or on relatives - 73.8 per cent of the rehabilitated group and 78.1 per cent of the not rehabilitated. There was very little difference in financial status between the two groups. Rather, as can be seen in CHART IV, economic dependency is one of the major concomitants of disability.

CHART IV

FINANCIAL STATUS OF REHABILITATED AND NOT REHABILITATED PERSONS AT ACCEPTANCE

Per cent of each group¹



¹ Not shown because "unknown or not stated" were: 0.5% in the rehabilitated group; 1.5% in the not rehabilitated group.

V. DISABILITY GROUPS

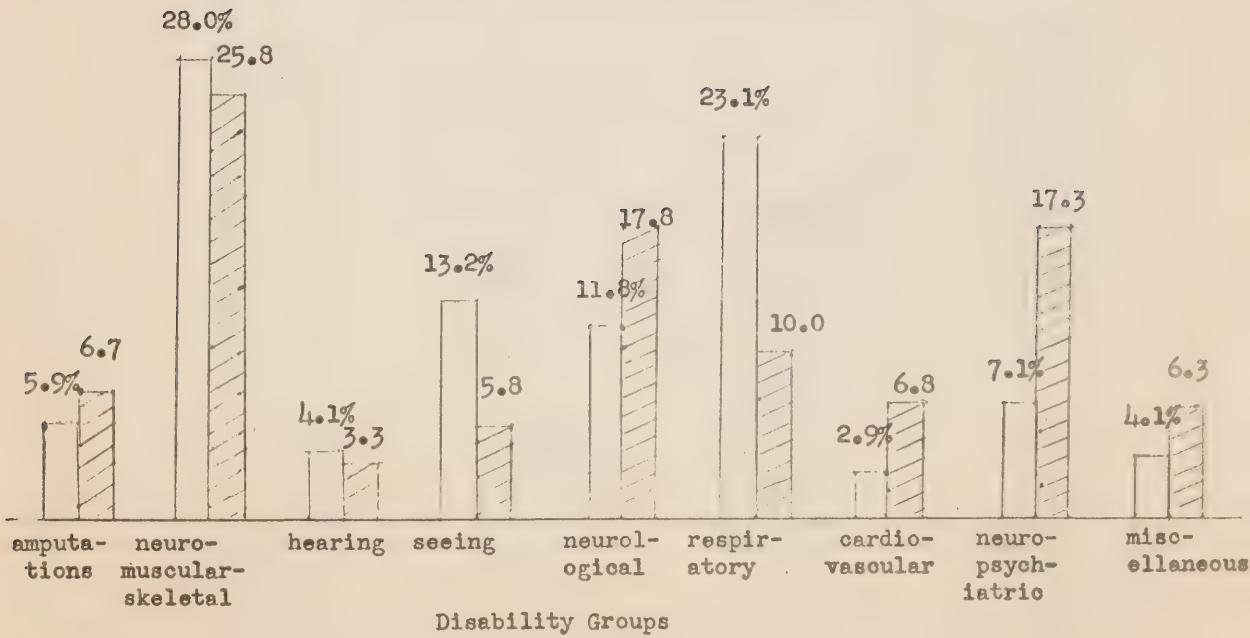
A breakdown of the total number of candidates by disability groups is shown in CHART V, which compares the types of disability at acceptance of rehabilitated and not rehabilitated persons. The largest single group is the neuro-muscular skeletal, which includes orthopaedic conditions, many polio cases and most of the rheumatic and arthritic conditions. A considerable portion of the rehabilitated cases (23.1 per cent) falls into the respiratory group, which includes tuberculosis and chronic bronchitis. Fairly large percentages (17.8 and 17.3) of the not rehabilitated persons also fall into the neurological and the neuropsychiatric groups. The former includes the paraplegias and hemiplegias, multiple sclerosis and cerebral palsies and the latter includes emotional and psychiatric disabilities and mental deficiency.

CHART V

TYPE OF DISABILITY AT ACCEPTANCE

Per cent of each group

Rehabilitated	<input type="checkbox"/>
Not rehabilitated	<input checked="" type="checkbox"/>



VI. DURATION OF DISABILITY AND TIME REQUIRED FOR REHABILITATION

A closer study of the implications of the various disabilities would probably reveal some correlation between types and severity of disability and rehabilitation potential. However, there was evidence to suggest that the longer the duration of disability before rehabilitation begins, the harder is the process and the less the chances of good results. This is shown rather clearly in CHART VI and CHART VII. CHART VI relates the duration of disability of the rehabilitated persons at acceptance to the length of time required for their rehabilitation. It may be seen that a great proportion of those persons with a short duration of disability at time of acceptance required a shorter period of time for their rehabilitation, whereas those having a disability of longer duration required on the whole a much longer duration of services. Almost 74 per cent of those persons referred for services within a year of onset of their disability were rehabilitated within a year. On the other hand, almost 70 per cent of those not referred for services until five to ten years after onset of disability required one to two years and more to be rehabilitated (forty per cent required over two years).

CHART VI

DURATION OF DISABILITY OF TWO GROUPS OF REHABILITATED PERSONS AND LENGTH OF TIME REQUIRED FOR THEIR REHABILITATION

Per cent of each group



Group 1 - 134 persons

Less than 6 months since onset of disability

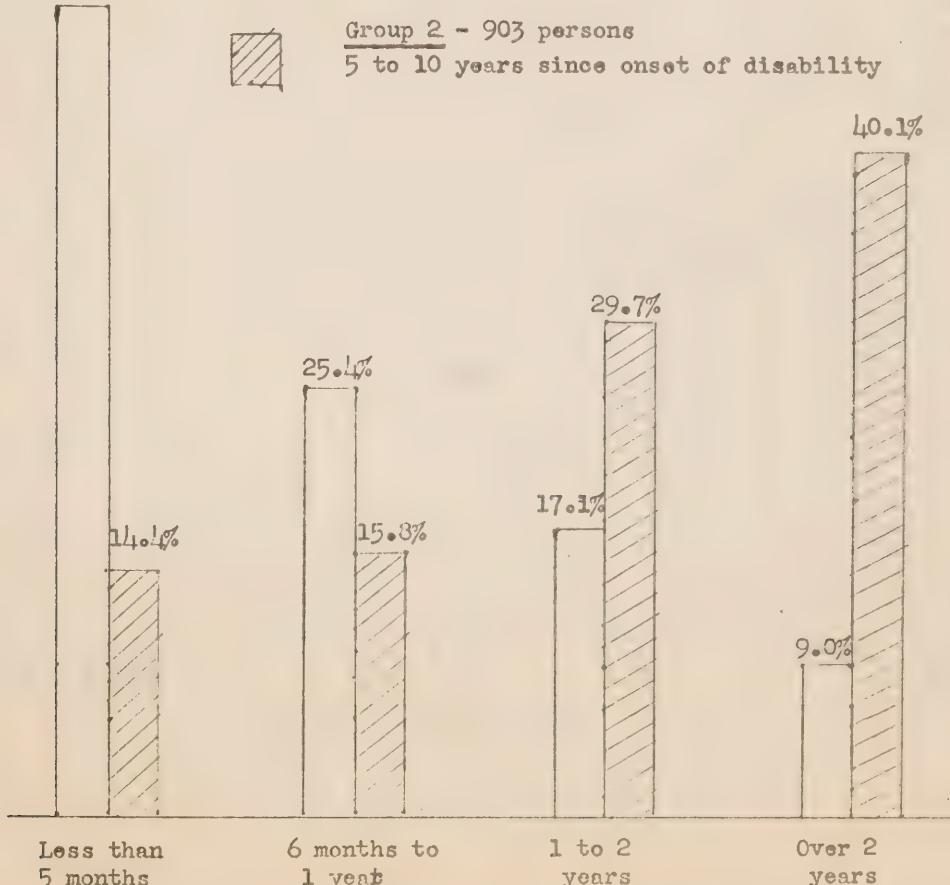
48.5%



Group 2 - 903 persons

5 to 10 years since onset of disability

40.1%



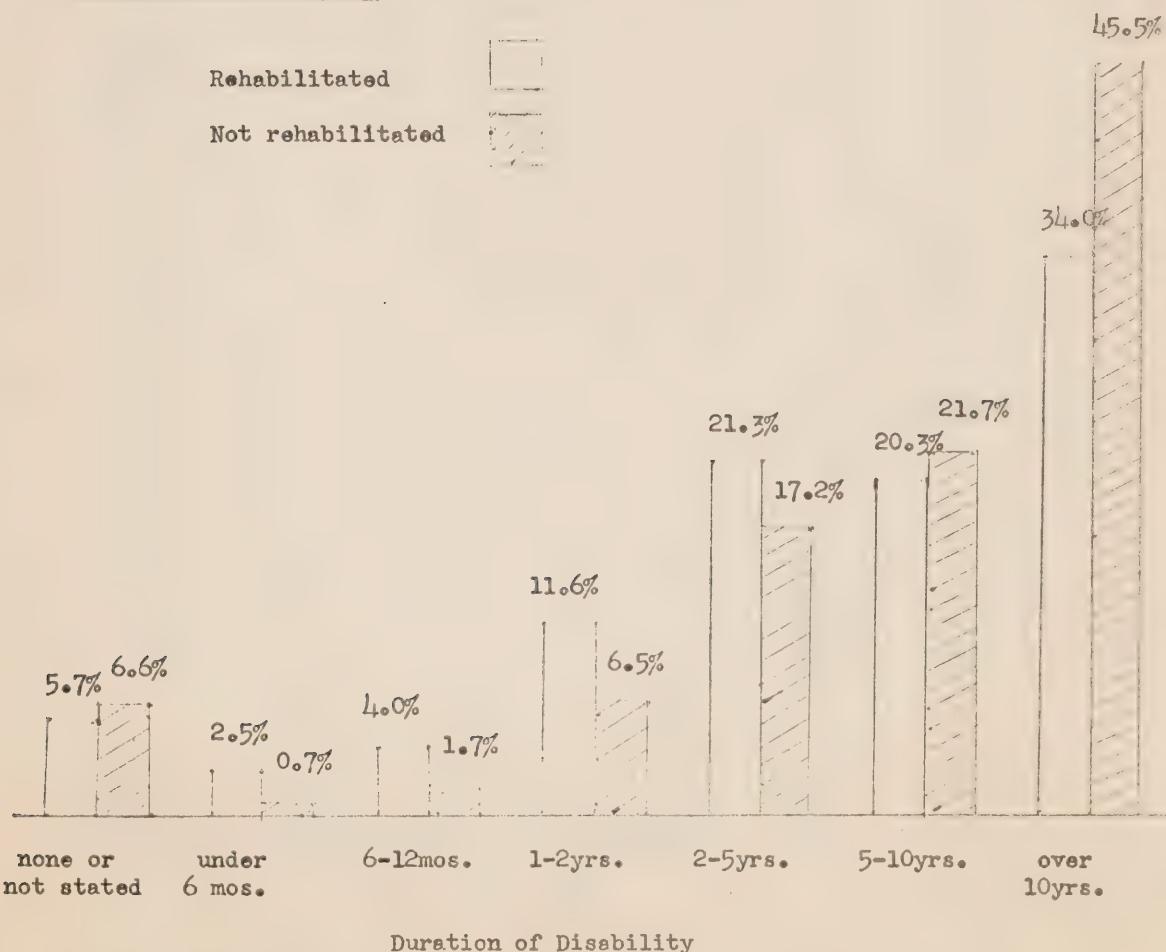
VII. DURATION OF DISABILITY OF REHABILITATED AND NOT REHABILITATED PERSONS

Furthermore, in the case of those persons who were not successfully rehabilitated, 45 per cent had had their disability for over ten years, as compared with 34 per cent of the rehabilitated persons. This may be seen in CHART VII which compares the duration of disability of rehabilitated and not rehabilitated persons. This would certainly suggest the necessity for early case-finding and for starting rehabilitation procedures as soon as it was known that a permanent disability existed or was going to result from illness, before all the harmful physical and other effects of prolonged disability became fixed.

CHART VII

DURATION OF DISABILITY OF REHABILITATED AND NOT REHABILITATED PERSONS AT ACCEPTANCE

Per cent of each group

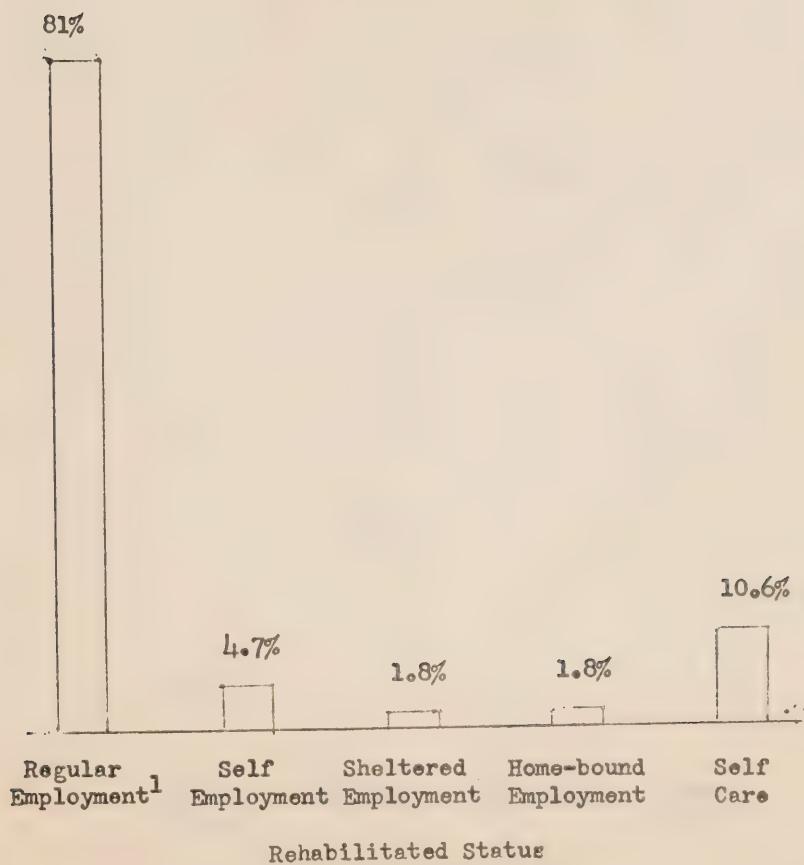


VIII. STATUS ATTAINED AFTER REHABILITATION

As shown in CHART VIII, of the 5305 persons who were rehabilitated, 81 per cent attained a regular occupation in employment or in the home. Ten per cent were rehabilitated to self employment, sheltered employment and home bound employment. The approximately ten per cent remaining were brought to the level of being able to care for themselves without tying down another person to look after them.

CHART VIII
STATUS ATTAINED AFTER REHABILITATION

Per cent of 5305 persons



(1) Includes those rehabilitated to housewife and homemaker

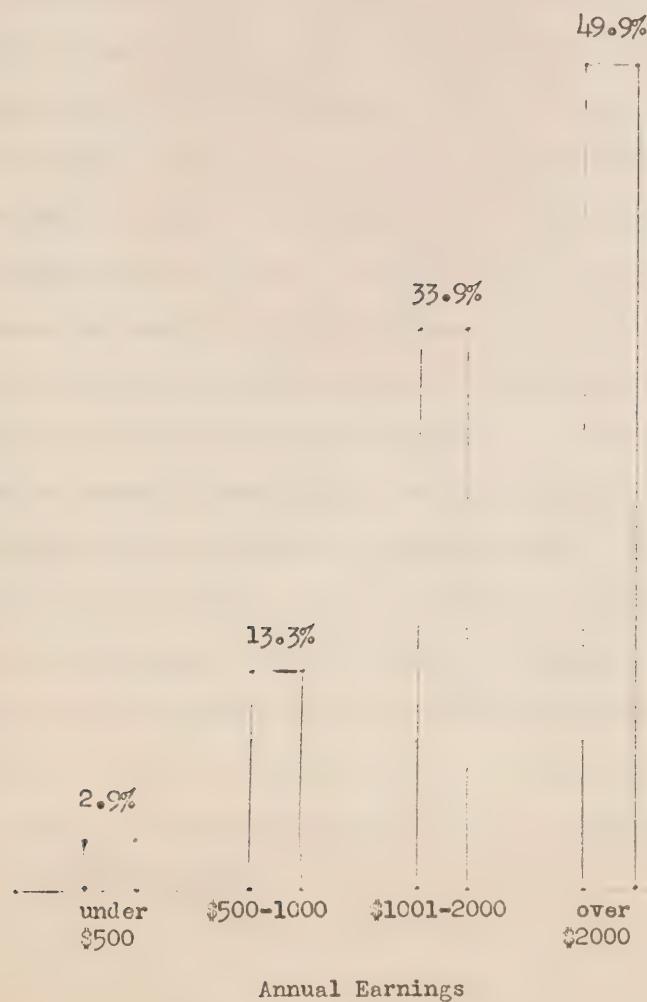
IX. ESTIMATED EARNINGS OF PERSONS REHABILITATED TO EMPLOYMENT

Of those persons rehabilitated to a gainful occupation (CHART IX), almost half were estimated to be earning over \$2000 a year. It should be noted that 74 per cent of rehabilitated persons had been dependent on relatives or public assistance at an estimated annual cost of support of \$4,058,044, including the cost of support of their dependents. After rehabilitation, those persons resettled in employment were earning a total of about \$9,493,450 a year.

CHART IX

ESTIMATED ANNUAL EARNINGS OF REHABILITATED PERSONS AFTER REHABILITATION

Per Cent of 4734 persons





CONCLUSIONS

The major conclusion to be drawn from the experience with these 6865 persons is that a sizeable proportion of disabled persons can, with the help of vocational rehabilitation services, be restored to vocational usefulness. The study also indicates that in many cases it is possible, through vocational rehabilitation, to remove individuals from economic dependence on public funds or relatives and restore them to self-sufficiency.

There are certain implications for the public welfare field suggested by these findings, particularly in the case of those persons receiving assistance on the basis of disability.

In connection with this however, a very important point is brought out in the study. That is that usually the best results are obtained in a shorter time if rehabilitation begins as soon as it is evident that a permanent disability exists. The harmful effects of prolonged disability become fixed and rehabilitation becomes increasingly difficult where long delay ensues in bringing services to bear. This is shown particularly in CHART VI relating the duration of disability to the length of time required for rehabilitation. Almost 75 per cent of those persons referred for services within a year of onset of their disability were rehabilitated within a year. On the other hand, almost 70 per cent of those not referred for services until five to ten years after onset of disability required one to two years and more to be rehabilitated. This is further confirmed in CHART VII where it is seen that 45 per cent of those persons not successfully rehabilitated had had their disability for ten years or more.

The importance of recognizing and identifying at the earliest possible point, those persons with disability who might benefit from rehabilitation services, cannot be overstressed. It is essential that there be an awareness of the problem and a knowledge of how to obtain rehabilitation services, at such key points as hospitals, doctors' offices, health and welfare departments, the Employment Service offices, social agencies etc. This implies an educational effort on the part of rehabilitation authorities in furthering this positive approach within the community.

the same time, the
country is becoming more
and more dependent
upon foreign labor.
The foreign labor
is not only less
expensive than
native labor, but it
is also more
available, and
more reliable.
The foreign
labor is
also more
reliable,
and
more
reliable.

Lacking 2nd meeting (1963)

NATIONAL CO-ORDINATOR
CIVILIAN REHABILITATION

DEPARTMENT OF DEFENCE
OTTAWA

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THIRD MEETING
NATIONAL ADVISORY COUNCIL ON THE
REHABILITATION OF DISABLED PERSONS

MAY 25th AND 26th 1964

NATIONAL CO-ORDINATOR
CIVILIAN REHABILITATION

DEPARTMENT OF LABOUR
OTTAWA

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PROPERTY OF CANADIAN REHABILITATION
COUNCIL FOR THE DISABLED
TORONTO

COUNCIL FOR THE DISABLED
TORONTO

MINUTES



The Third Meeting
of
THE NATIONAL ADVISORY COUNCIL
ON THE
REHABILITATION OF DISABLED PERSONS

held in

The Department of Labour Board Room
The Confederation Building

Ottawa, Ontario

May 25 and 26, 1964

National Co-ordinator,
Civilian Rehabilitation,
Department of Labour,
Ottawa, Canada.

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Appendices

NOTES ON ATTENDANCE AT MEETING

MEMBERS OF NATIONAL ADVISORY COUNCIL PRESENT (A complete list of National Advisory Council Members appears as Appendix "A")

Unable to attend:

Mr. K. O. Mackenzie,
Deputy Minister,
Department of Public Welfare,
Winnipeg, Manitoba.

Dr. T.A. Knowling,
Assistant Deputy Minister,
Department of Health,
St. John's, Newfoundland.

Mr. James S. Band,
Deputy Minister,
Department of Public Welfare,
Toronto, Ontario.

Mr. Gustave Poisson,
Associate Deputy Minister,
Department of Education,
Parliament Buildings,
Quebec, Quebec.

Mr. E. J. Rider,
Director,
Veterans Welfare Services,
Department of Veterans' Affairs,
Ottawa, Ontario.

Reverend Father Andre Guillemette,
Director, Institute of Gerontology,
University of Montreal,
Montreal, Quebec.

Mr. G. Egerton Brown,
Vice President, Personnel,
Sun Life Assurance Company of Canada,
Montreal, Quebec.

Alternates:

Mr. Walter Boyd, (for K.O. Mackenzie)
Provincial Co-ordinator of
Rehabilitation Services,
Department of Health,
Winnipeg, Manitoba.

Mr. Jack Amos, (for Mr. James S. Band)
Provincial Co-ordinator and
Director of Rehabilitation Services,
Department of Public Welfare,
Toronto, Ontario.

Mr. Raymond Lauzon, (for Mr. G. Poisson)
Physically Handicapped Division,
Department of Education,
Montreal, Quebec.

Mr. G. Mann, (for Mr. E.J. Rider)
Chief, Special Services Division,
Veterans Welfare Services,
Department of Veterans' Affairs,
Ottawa, Ontario.

Dr. J.G. Hellstrom, (for Mr. G. Egerton Brown)
Assistant Medical Director,
Sun Life Assurance Company of Canada,
Montreal, Quebec.

OBSERVERS FROM NATIONAL VOLUNTARY AGENCIES

Canadian Rehabilitation Council
for the Disabled

Dr. J. G. Griffin,
General Director,
The Canadian Mental Health Association,
Toronto, Ontario.

OBSERVERS FROM PROVINCIAL GOVERNMENTS

Miss Geraldine Chafe,
Rehabilitation Counsellor,
Rehabilitation Division,
Department of Health,
King George V Institute,
P.O. Box 5250, St. John's, Newfoundland.

Mr. Frank G. Wellard,
Provincial Rehabilitation Co-ordinator,
Department of Public Health,
Post Office Box 488,
Halifax, Nova Scotia.

Mrs. Josephine (Norcott) Graham,
Rehabilitation Officer,
Ontario Department of Public Welfare,
Ottawa, Ontario.

Mr. N. Johns,
Counsellor,
Rehabilitation Services Branch,
Department of Welfare,
Ottawa, Ontario.

Mr. G. R. Hennessey,
Provincial Co-ordinator of Rehabilitation,
Health and Welfare Building,
Regina, Saskatchewan.

Mr. H. F. Irwin,
Provincial Co-ordinator of Rehabilitation,
Department of Public Welfare,
109 Street and 98th Avenue,
Edmonton, Alberta.

Mr. Clarence Bradbury,
Rehabilitation Co-ordinator,
Department of Health Services
and Hospital Insurance,
828 West 10th Avenue,
Vancouver, British Columbia.

OBSERVERS FROM FEDERAL GOVERNMENT DEPARTMENTS

Department of National
Health and Welfare

Dr. Kenneth H. Running,
Consultant in Physical Medicine,
Medical Rehabilitation Division.

Mrs. M. E. Whitridge,
Medical Rehabilitation Division.

Mrs. C. Heggtveit,
Research and Statistics Division.

Department of Northern
Affairs

Mrs. J. Rutherford,
Rehabilitation Services,
Welfare Division.

National Employment Service	Mr. A. G. Wilson, Chief, Applicant Specialist Division.
	Mr. C. Pepin, Special Placements, Applicant Specialist Division.
Department of Labour	Mr. W. Hurd, Apprenticeship Training, Technical and Vocational Training.
	Mr. Charles Taylor, Information Branch.
	Mr. R. M. Dyke, Labour Gazette.
	Mr. R. Noel Meilleur, Assistant Co-ordinator, Civilian Rehabilitation.
	Mr. L. Douse, Chief, Division on Older Workers.
	Mr. M. E. McCormick, Division on Older Workers.
	Miss V. A. Sims, Civilian Rehabilitation.
	Miss V. Lawford, Civilian Rehabilitation.

A G E N D A

MEETING OF THE NATIONAL ADVISORY COUNCIL ON THE REHABILITATION OF DISABLED PERSONS

Ottawa, May 25 and 26, 1964

Department of Labour Board Room, Room 175
Confederation Building

Monday, May 25, 9.30 a.m. Opening of Meeting

1. Welcome of Members - Hon. Allan J. MacEachen, Minister of Labour.
2. Remarks by Deputy Minister of Labour, George V. Haythorne.
3. Chairman's Remarks
4. Minutes of last Meeting
5. Business arising from the Minutes
6. National Co-ordinator's Report
7. Review of Provincial Developments

PROGRAM DEVELOPMENT

- | | Reports | Discussion | Recommendations |
|-----------------------------------|--|------------|-----------------|
| 8. <u>Medical Rehabilitation</u> | | | |
| | A. National Health Grants - Dr. J. H. Horowicz, Principal Executive Officer, National Health and Welfare. | | |
| | B. Medical Rehabilitation - Dr. K.H. Running, Medical Rehabilitation Division, National Health and Welfare. | | |
| | C. 1963 Recommendations on Prosthetic Services - Report of Action taken. | | |
| | D. New Resolutions on Prosthetic Services and Registries - Dr. G. Gingras. | | |
| | E. Liaison with Treatment Services, Report of Committee - Dr. O. Hoffman. | | |
| 9. <u>Training and Employment</u> | | | |
| | A. Vocational Training of the Disabled - W. Hurd,
Technical and Vocational
Training Branch, Dept. of Labour. | | |
| | B. Job Placement of the Disabled - C.A.L. Murchison. | | |
| | C. Resolution of Employment Services - Western Co-ordinators and Western
Directors, Canadian Rehabilitation
Council for the Disabled. | | |
| 10. <u>Sheltered Employment</u> | | | |
| | A. Sheltered Employment Committee - Chairman's remarks | | |
| | B. Resolution on Sheltered Employment - Western Co-ordinators and Western
Directors, Canadian Rehabilitation
Council for the Disabled. | | |
| 11. <u>Discussion of Act</u> | | | |
| | Development under the Vocational Rehabilitation of Disabled Persons Act
in relation to the Gil Committee Report, Developments in Public Welfare
and Hospitalization and Health Services. | | |
| 12. <u>Publicity</u> | | | |
| | A. Promoting Rehabilitation and Employment of Handicapped -
George Blackburn, Director, Information
Branch, Department of Labour. | | |
| 13. <u>Research</u> | | | |

ADJOURNMENT

MINUTES OF THE THIRD MEETING

of the

NATIONAL ADVISORY COUNCIL ON THE
REHABILITATION OF DISABLED PERSONS

Ottawa, Ontario

May 25 and 26, 1964

Chairman - Brigadier James L. Melville

1. WELCOME TO MEMBERS

The Chairman called the Meeting to order and extended a welcome to the Members. He then introduced Mr. George V. Haythorne, Deputy Minister of Labour, who expressed the greetings and best wishes of the Minister of Labour, the Honourable Allan MacEachen and the Minister of National Health and Welfare, the Honourable Judy LaMarsh, who were unable to be present at the meeting. On behalf of both departments Mr. Haythorne extended a very warm welcome to council members.

2. DEPUTY MINISTER'S REMARKS

Mr. Haythorne said that he was particularly pleased that there had been a steady progress made over the past year in the Federal-Provincial Vocational Rehabilitation Program and he noted that many more people had become re-established as useful members of society through rehabilitation. He went on to say that vocational rehabilitation had broad implications for overall manpower planning and for our social and economic growth and that it was an important part of attempts being made to reduce the incidence of unemployment and dependency.

Mr. Haythorne outlined the various programs through which the Department of Labour is working to achieve these aims, and said that the efforts "which we have been making over the past year to reduce unemployment have been, on the whole, very encouraging". A greater impact had been made on winter unemployment as a result of existing programs and the introduction of new programs. "The Five Hundred Dollar Incentive Program in the housing field surpassed our expectations for increasing employment opportunities", he reported. He also spoke of the Older Worker Incentive Program, for persons 45 years of age and over and said, "we do believe that we have made a beginning in having it recognized that there are measures which can be taken to help people who have been unemployed for a substantial period of time." He emphasized the necessity for imagination in bringing these steps to pass. Mr. Haythorne reported that, while the program was rather slow in starting, by now it had been possible to place in employment almost 2,000 older workers who had been previously unemployed for over six months. Mr. Haythorne emphasized that many unemployed older workers needed assistance in returning to work and could benefit from a practical type of training program combined with counselling and rehabilitation services.

Mr. Haythorne recalled the recent tremendous increase in the vocational training of the unemployed throughout the country from only a few hundred some years ago to this fiscal year ending March 31, 1964, when 49,047 persons had received training. Mr. Haythorne said that many of these unemployed persons could benefit from counselling and rehabilitation which they were not receiving today and that this represented a challenge to our rehabilitation services.

The Deputy Minister referred also to the implementation of the Gill Committee recommendations regarding the Unemployment Insurance Commission, and said that "we are expecting over the next few months to have a closer liaison develop between the National Employment Service and Vocational Rehabilitation, the older worker field, Vocational Training and other manpower programs in the Department of Labour. The Gill Committee recommendations suggest a basis for developing, in a more forthright and coordinated fashion, the utilization of our human resources in this country."

Mr. Haythorne described the new Manpower Consultative Service in the Department of Labour to Council Members. He said that, while this new agency would be small in number of staff, it would be highly competent. The staff would be acquainted with problems in industry associated with technological change and would provide facts on the impact of change on employment and human resources. "Much thought" he continued, "is being given to these problems and to the alternatives that we need to develop for people whose employment security is seriously threatened by changes in industry." He went on to say that both management and unions lent support to manpower adjustment incentives to assist with the cost of undertaking studies of the manpower implications of technological change. A cooperative effort with industry would be required to work out satisfactory programs for the utilization of manpower displaced by technical change and this would involve training and use of rehabilitation services, particularly counselling and assessment. Mr. Haythorne said that much emphasis would be placed on the new Manpower Consultative Service.

Other plans and concerns of the Department of Labour which Mr. Haythorne mentioned were, an increase in the number and qualifications of the National Employment Service staff, and a study of guidance and counselling throughout Canada, which would be undertaken through the Economics and Research Branch of the Department in cooperation with provincial departments of education. He said that, while the study would look primarily at the needs of youth, consideration would also be given to the requirements of adults in this very important area.

Mr. Haythorne recalled again this year the great need for carefully developed research in vocational rehabilitation, particularly in view of some of the new developments taking place which would place increasing demands on rehabilitation services. He said that it would be necessary to look at the role of rehabilitation as part of the overall picture and in the light of its changing relationships to other manpower programs and services. It was very important to improve co-ordination among these services.

Mr. Haythorne concluded by saying that in this era of rapid change and opportunity, more consideration must be given to the strengths and weaknesses of the present vocational rehabilitation program, and particularly to the direction which it should take in the future.

3. CHAIRMAN'S REMARKS

The Chairman made his opening remarks to Council and a copy of these will be found in Appendix "B".

4. MINUTES OF LAST MEETING

It was moved by Dr. Gingras and seconded by Brigadier Reid, that the Minutes of the last Meeting be adopted as circulated.

5. BUSINESS ARISING FROM MINUTES

(a) Reference to action taken on the three Resolutions on Prosthetic Services passed at the last Meeting is made in Item 8(c) on the Agenda and there was no discussion at this time.

(b) It was reported by the Chairman that action was taken on last year's Recommendation that Council commend the Canadian Rehabilitation Council for the Disabled for its initiative in respect to sheltered employment. Reference to liaison with this organization is made in Item 10(a) on the Agenda and there was no discussion at this time.

(c) Suggestions regarding research and improved liaison with treatment services led to the formation of a Council Committee on Liaison with Treatment Services. The Report of this Committee is given in Item 8(e) on the Agenda and there was no discussion at this time.

(d) Council's recommendations about a week of concentrated publicity on rehabilitation and emplyment of the handicapped are referred to in Item 12 on the Agenda.

(e) At the last Meeting, Council expressed concern about the limitations on earnings of persons assisted under various welfare programs discouraging attempts to work on the part of the recipients. At that time it was suggested the question be brought to the attention of the proposed National Council on Welfare when this body was formed. The National Co-ordinator reported that in the meantime the question had been referred to the Department of National Health and Welfare. The Chairman expressed the hope that something constructive would develop towards a solution to this problem.

6. NATIONAL CO-ORDINATOR'S REPORT

The text of the National Co-ordinator's Report will be found in Appendix "C". Discussion of the Report was combined with discussion on the Review of Provincial Developments and on the Report of the Provincial Co-ordinators.

7. REVIEW OF PROVINCIAL DEVELOPMENTS AND REPORT OF PROVINCIAL CO-ORDINATORS' MEETING

Mr. R. N. Meilleur reported on provincial developments. A copy of his report will be found in Appendix "D" together with the Vocational Rehabilitation Program statistics for the fiscal year 1963-64. The Provincial Co-ordinators' Report is in Appendix "E". Various points in the Report were referred to throughout the Meeting, particularly in the general discussion of Program Development under Item 11 on the Agenda.

In considering possible gaps in the Vocational Rehabilitation Program, Mr. Murchison was concerned that the handicapped child receive adequate academic and vocational preparation to enable him to compete in the labour market. He referred to the 1953 survey of handicapped persons registered with local NES offices in Montreal which indicated a lower educational level for the handicapped than for the general labour force. Their lack of formal and vocational training constituted as great a barrier to employment as did their disability. Mr. Murchison stressed the importance of evaluation of the handicapped child and the preparation of the most suitable academic and vocational plan for him based on accurate information concerning his intelligence, aptitudes and interests. Mr. Murchison thought that it was important to bring together the rehabilitation resources in the community with those responsible for the formal education of the child, particularly school guidance officers. He suggested that Provincial Co-ordinators use their good offices in promoting such liaison. Mr. Campbell agreed with Mr. Murchison's concern in this area and noted that some progress has been made since the time of the Montreal survey in 1953. Many Co-ordinators were now involved in promoting the rehabilitation and adequate vocational preparation of handicapped children. In addition, registries for crippled children were established in some provinces. However, it was agreed that this was still an area of great concern and efforts were not yet as effective as they could be. It was noted too, that it was a question of not so much that handicapped children were not going to school, but that their curriculum was not always giving them adequate preparation for adult employment. Manitoba was undertaking a study of handicapped children and of their academic curriculum in relation to vocational goals and adult capacities.

Brigadier Melville commented on the reference in the National Co-ordinator's Report to the Committee for amending the National Building Code to eliminate architectural barriers to the handicapped in public buildings. He urged the members to see the excellent film on architectural barriers called "Sound the Trumpets". He also said that the Building Code Committee was considering the recommendation of a universal sign for display in all public buildings, to indicate where the handicapped could have access. Mr. Campbell reported that a first draft of the proposed supplement to the Building Code would be ready shortly and that copies would be distributed to Council Members for their suggestions before the preparation of a final document.

PROGRAM DEVELOPMENT

The Chairman pointed out that reports on the various aspects of the program would be presented for consideration and that a major discussion on program development would take place on Tuesday morning.

8. MEDICAL REHABILITATION

(a) and (b) - Developments in Medical Rehabilitation and National Health Grants

Dr. Horowicz was unable to be present and Dr. Hoffman called on Dr. K. H. Running to present a report on developments in medical rehabilitation. Dr. Running's report will be found in Appendix "F".

Dr. Hoffman commented on the role of the National Health Grants, in particular, the Medical Rehabilitation and Crippled Children Grant in relation to Dr. Running's report. Dr. Hoffman said that while the eight per cent increase in expenditures under the Medical Rehabilitation and Crippled Children Grant for 1963-64 was not large, it did represent an encouraging increase for the following reasons: first, the extension of services under the hospital insurance agreements removed some of the demands for funds from the Medical Rehabilitation Grant and secondly, the Grant was now larger owing to its combination with the Crippled Children Grant. Despite this apparent removal of pressure on the Grant there was still a steadily increasing utilization of it since 1961 which was very encouraging. Quite a bit of the money goes towards relieving the shortage of personnel and there was an increase in the amount of the Grant devoted to training since 1961. It was noted that some provinces were fully utilizing the Medical Rehabilitation and Crippled Children Grant as well as the Professional Training Grant and the Public Health Grant and yet there was still a need for funds to develop their rehabilitation services. It was suggested that the source of funds be increased or other sources found to fill these gaps as the program expands.

IT WAS THEREFORE MOVED, by Mr. Boyd and seconded by Dr. Elliot,
"THAT THE GOVERNMENT OF CANADA GIVE CONSIDERATION TO INCREASING THE MEDICAL
REHABILITATION AND CRIPPLED CHILDREN GRANT BY \$1,000,000."

Dr. Hoffman said that an opportunity to refer to this question would most probably arise at the forthcoming Dominion Council on Health. While the timing was not very opportune, owing to great pressure of government business, it was of advantage to have the recommendation of Council on this point. The motion was carried unanimously.

(c) Resolutions on Prosthetic Services

Mr. Campbell noted that last year's Resolutions on Prosthetic Services had resulted in a great deal of spade work being done and some progress had been made which had brought us much closer to the point of some concrete action being taken.

(d) New Resolutions on Prosthetic Services and Registries

Three motions were introduced by Dr. Gingras and seconded by Dr. Lidington and Brigadier Reid.

Motion III was introduced first

WHEREAS the National Advisory Council on the Rehabilitation of Disabled Persons recognizes that the Prosthetic Service now operated by the Department of Veterans' Affairs is intended primarily to serve the needs of veterans only, and that its statutory responsibility is limited to the provision of service to veterans only;

WHEREAS the prosthetic needs of veterans will inevitably decline as the number of veterans decreases;

WHEREAS it seems desirable that the excellent service now provided by the Department of Veterans' Affairs should be maintained for the benefit of all Canadians; It is moved that the National Advisory Council recommend:

THAT THE GOVERNMENT OF CANADA BE REQUESTED TO GIVE
CONSIDERATION TO THE TRANSFER OF THE D.V.A. PROSTHETIC
SERVICE TO SOME OTHER RESPONSIBLE ORGANIZATION, TO THE
END THAT IT MAY BE MAINTAINED AND EXPANDED FOR THE
BENEFIT OF ALL CANADIANS.

It was noted that for the general population there is no Canadian manufacturer of prosthetic devices or components and no uniformity in their provision as there is in the case of veterans. Dr. Gingras said that it was sometimes necessary to import prostheses and parts from the United States. He also stated that there was often four to five months delay between the time of measuring the patient for the appliance and actually receiving it. He said that this was particularly hard for children as they outgrew the appliance in the meantime. Dr. Gingras also noted that the cost, together with the duty on imported appliances, came to 50% more than those manufactured in the laboratory of the Rehabilitation Institute of Montreal.

Dr. Crawford pointed out that, whereas the preamble to the resolution was essentially correct, D.V.A. also supplies prostheses to the Workmen's Compensation Board of Ontario and to civilians in Saskatchewan because of their unavailability through other services. Dr. Crawford expressed his concern in helping other groups to receive the best possible prosthetic services, but of course, it was the responsibility of D.V.A. to provide and maintain the excellence of the prosthetic service to veterans. However, it was noted that with a declining and aging veteran group this work would inevitably be reduced over the years. He said that in being concerned with the ability to continue to supply first class service to war amputees, there must be behind it a good service for everyone in Canada and that this would ensure continued good service to veterans. The transfer of the D.V.A. prosthetic service, as recommended in the resolution, need not upset the quality of the service and would avoid the present legal difficulty of expanding services to meet the needs of other groups. While it was probably possible to have a national limb service running parallel to private services, it was realized that a public service probably could produce prosthetic devices at a much lower cost and provide a means of training the technicians so essential to this field.

Another advantage in having a national limb service serving a larger group would be that it would enable the development of research, which the presently declining group of veterans now served was not big enough to support. Financially such a national limb service could be reasonably self-supporting, as the provinces could buy prostheses at cost. The proposal has the potential for supplying a great need of many persons while at the same time not damaging the government's present responsibilities to veterans, Dr. Crawford concluded.

Colonel Baker noted that the War Amputations Association would not want the service to veterans to deteriorate, but he also said that it should be possible to agree on a service which meets the needs of both the war disabled and the civilian disabled and that the latter should not be placed at a disadvantage. He thought that public opinion in general would support this principle, and indeed, the war amputees of Canada were presently interesting themselves in the supplying of good service and guidance to the civilian disabled.

Dr. Hoffman, speaking as a physician, noted a great change in recent years in the field of prosthetics, particularly in the fact that today the prosthetist is taking his proper place as a part of the rehabilitation team. In view of technical developments in the field, this occupation was a highly skilled one. He went on to say that, from the point of view of the Department of National Health and Welfare, the needs of children must be met now and the Department would be very attentive to an expression of opinion by the National Advisory Council on the development of prosthetic services. A provincial representative suggested that the three existing prosthetic research centres in Canada could work more closely with a national prosthetic service if such were established, as at present these centres were rather isolated.

At the end of the discussion on this resolution Dr. Crawford said that he saw the recommendation as one of principle and as such of great value. Various groups would have to be consulted and many details would have to be worked out, but the resolution if passed would be given close attention.

The vote was taken and the resolution was passed unanimously.

The next resolution introduced by Dr. Gingras, seconded by Dr. Lidington and Brigadier Reid was Motion I.

WHEREAS the problem of allowing certain essential rehabilitation appliances, equipment and self-help aids duty-free into Canada from the U.S.A. and other countries where they are manufactured, for the personal use of Canadian disabled persons, has not yet been solved;

WHEREAS there has been confusion between the Canadian Medical Association and the Department of Finance in the previous request concerning this matter;

WHEREAS it has been recommended that a C.M.A. delegation appear before the Tariff Board of the Department of Finance to bring forward and if possible propose a solution to this problem;

IT IS MOVED THAT THE NATIONAL ADVISORY COUNCIL ON THE REHABILITATION OF DISABLED PERSONS CONTINUE TO SUPPORT THIS MATTER AND PRESS FOR INVESTIGATION AND SOLUTION AT THE PROPER LEVEL.

Mr. Campbell reported the substance of this resolution, which was similar to the one introduced at last year's Council Meeting, had been explored as to the possibility of implementation. Because the Tariff Board was already very busy with a backlog of business, there would be a possibility of some delay if the resolution was presented on its own for their consideration at this time. However, there is on the schedule for their immediate consideration a similar question from the Canadian Medical Association regarding allowing equipment in duty-free for the use of hospitals and institutions. Mr. Campbell therefore suggested that first, the C.M.A. be kept in touch with the present item of this resolution of Dr. Gingras'; secondly that the C.M.A. appear before the Tariff Board and have it considered at the same time as the question on equipment for hospitals and institutions, and that thirdly, a letter go from the Minister of Labour to the Minister of Finance about the proposal. These suggestions were accepted by Council and the resolution was passed unanimously.

The third resolution (Motion II) moved by Dr. Gingras, seconded by Brigadier Reid and Dr. Lidington and amended by Dr. Elliot stated that:

WHEREAS there is no national and only a few provincial registries of disabilities and disabled persons in Canada;

WHEREAS such registries would be extremely useful and would provide reliable and up-to-date provincial or national statistics and be of great value in research, treatment and prevention of disabilities, and in the programming of future rehabilitation projects;

IT IS MOVED THAT THE NATIONAL ADVISORY COUNCIL ON THE REHABILITATION OF DISABLED PERSONS URGE THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE, THE DEPARTMENT OF LABOUR, THE CANADIAN MEDICAL ASSOCIATION, THE CANADIAN ASSOCIATION OF CANADIAN MEDICAL OFFICERS, THE CANADIAN REHABILITATION COUNCIL, FOR THE NATIONAL AND PROVINCIAL DEPARTMENTS OF HEALTH OR LABOUR, AND BY THE EXPLORE THE FEASIBILITY OF SUCH A FEDERAL ACT, PLEASE FOR THE ESTABLISHMENT OF REGISTRIES IN ALL PROVINCES OF CANADA.

Dr. Gingras said that this resolution was phrased in broad terms to start with in order to establish interest. To begin with, it would probably be best to register the congenital and acquired muscular-skeletal disabilities. This would be a good start as many of these disabilities are seen by the medical profession.

Dr. Elliot suggested that the resolution be amended to add "provincial Departments of Health" to the list of organizations mentioned. With this amendment (as included above) the resolution was carried unanimously.

(e) Report of Committee on Liaison with Treatment Services

The Report was presented by Dr. Hoffman and will be found in Appendix "G".

In the discussion of the Report which followed, several suggestions and points were made by Council Members. In connection with the development of registries, it was suggested that the Dominion Bureau of Statistics might be of help with their computer services. Regarding the suggestion than an appropriate rehabilitation report form be used by Welfare Departments for all applicants having a health problem, it was noted that medical certificates for applicants for social assistance have largely been used to establish financial eligibility, rather than as an aid in rehabilitation. In connection with the suggestion for establishing rehabilitation committees in hospitals, it was thought that there should be a system of case-finding in all hospitals, both general and mental. It was noted that it was often harder to get private patients to resources which could help them, because rehabilitation services were sometimes associated with ideas of indigency or social inadequacy. It was also a question of informing physicians about community rehabilitation services and rehabilitation committees in hospitals could be one instrument in helping to solve this problem.

Mr. Murchison said that the N.E.S. stood ready to assist wherever they were invited to do so, and he noted that several provinces already had N.E.S. liaison officers to the provincial vocational rehabilitation programs. This was in line with the recommendation in the Committee's report.

The Chairman thanked the members of the Committee for their work and suggested that they be re-appointed to continue their consideration of the problem of liaison with treatment services and to give particular attention to the question of research. Dr. Hoffman accepted the suggestion on behalf of the committee.

9. TRAINING AND EMPLOYMENT

(a) Vocational Training of the Disabled

The report of Dr. Ford, Director of the Technical and Vocational Training Branch, was presented to Council by Mr. W. Hurd of that Branch, in Dr. Ford's absence. The report on vocational training will be found in Appendix "H", together with statistics on the Vocational Training Program.

One of the suggestions contained in the Provincial Co-ordinators' Report to Council was discussed at this time and later in the general discussion. This was a suggestion that the present federal sharing in costs of university training under the Vocational Rehabilitation Agreement, include sharing in costs of academic upgrading in those cases where the handicapped applicant was over legal school age, and such upgrading was required as an integral part of his vocational rehabilitation. Based on experience to date, it was not anticipated that this provision would be used in very many instances. However, it was felt by the Provincial Co-ordinators that this was a gap which should be covered. It was also considered that, by this means, greater numbers of disabled persons could be helped to take vocational training and that the suggestion was in line with Mr. Murchison's earlier expressed concern about academic education being adequate or contributing to vocational preparation.

A word of warning was also given in the discussion to the effect that the value of training in rehabilitation not be over emphasized. Training was very valuable when used selectively, but when large numbers of individuals were sent to training without adequate assessment and preparation, it resulted in quite a number of drop-outs. In addition to formal vocational training courses, it was pointed out that other vocational preparation services were required also, such as the development of special work projects, particularly for the unstable, the mentally handicapped and the marginally employable. It was also pointed out that better evaluation of the results of training was needed and this was an area where research and investigation might be profitable. Mr. Hurd agreed that indiscriminate training was not right and noted for the information of Council, that the average drop-out rate across the country was 28 per cent.

As many failures were due to poor initial selection, it was suggested that the resources of technical and vocational schools could be used for vocational assessment as well as training. Possibly some vocational schools could be enabled to obtain the necessary professional persons to carry out this assessment. Other suggestions made were, that a more imaginative use be made of training in order to extend it to more courses, and that possibly the Provincial Co-ordinators should join with the Provincial Directors of Training to work out some of these problems, and to improve the development of vocational training for the disabled. While there was agreement with the foregoing, it was stated by Mr. Campbell that the numbers of disabled persons benefitting from vocational training was still small and that more persons could be directed to training. It was also realized that, while some national leadership and stimulus to this development was called for, training was a provincial responsibility too, and many of these difficulties should be worked out at the provincial level.

(b) Job Placement of the Disabled

Mr. Murchison's report will be found in Appendix "I" together with a summary of selective placement of handicapped persons for 1963-64.

Mr. Campbell referred to a letter which had been received earlier from Mr. Andras stating that it had been suggested by some unions that employers should hire a certain percentage of disabled persons. Mr. Campbell pointed out that some countries were not in favour of quota systems, believing on the basis of their experience that better results were obtained in promoting efforts to equip and prepare disabled persons for employment through good vocational rehabilitation services. He said it was also felt that, in some cases, a quota system might impose a stigma on disabled persons. Canada has not been officially in favour of the establishment of a quota system and this is the position which it has taken with regard to its own needs at the International Labour Organization a few years ago. The question was discussed with labour-management at that time.

Mr. Andras said that the information on quota systems provided by the National Co-ordinator's office is now under study and it was not the policy of organized labour to pressure for this legislation. He said in a labour market with a surplus of non-handicapped workers, it was not possible to divorce the discussion of the employment of the disabled from the implications of the general employment picture.

Some provincial representatives were concerned about Training Selection Committees having to report their intention of placing a handicapped Unemployment Insurance claimant in a Program 6 training course and to await the results of the adjudication of the claim for continuance of insurance while on training, before the person could actually start the course. The problem was that the time interval between notification of N.E.S. and announcement of adjudication of the claim to the Training Selection Committee sometimes resulted in the individual missing out on starting his course and this was bad for his overall rehabilitation program. It was asked if this N.E.S. regulation could be eliminated as it applied only to Program 6 applicants. Mr. Wilson pointed out that under the Unemployment Insurance Act it was necessary for a claimant to establish his availability and capability for employment. If a man is in training he is not available for employment, but to avoid this situation the Act says

that he may be considered available when undertaking a course of training if he has been directed to the course by a N.E.S. officer specially charged with this responsibility. Mr. Murchison suggested that this difficulty be looked into by the N.E.S. and the provinces who were concerned and that it would be hoped that they could resolve it together.

(c) Resolution on Employment Services

This resolution was sent to Council by the Western Co-ordinators and the Western Directors of the Canadian Rehabilitation Council for the Disabled. The resolution stated:

WHEREAS the primary objective of the Canadian Vocational Rehabilitation Program is to render comprehensive rehabilitation services to the handicapped to fit them for employment in the competitive labour market

AND

WHEREAS it is recognized that in addition to physical and psychiatric remedial measures, vocational guidance and vocational training, many handicapped persons still require an individualized job placement and follow-up service

AND

WHEREAS it is recognized that it is economically unscord to bring the handicapped person up to the point of being ready for employment and unable to enter into same because of the absence of an individualized and intensive job placement service

BE IT THEREFORE RESOLVED THAT THE GOVERNMENT OF CANADA IMMEDIATELY UNDERTAKE A STUDY TO DETERMINE STAFF REQUIREMENTS AND POLICY CHANGES REQUIRED TO ENABLE THE NATIONAL EMPLOYMENT SERVICE ADEQUATELY TO ASSUME RESPONSIBILITY FOR PLACEMENT SERVICE AS STATED IN SCHEDULE 4 OF THE VOCATIONAL REHABILITATION OF DISABLED PERSONS AGREEMENT, AND FURTHER, THAT SIMILAR STUDIES BE UNDERTAKEN AT THE PROVINCIAL LEVEL.

In commenting on the resolution on behalf of the Western Co-ordinators, Mr. Bradbury said that the intent of the resolution was not to be in any way a criticism but an attempt to help in knowing what needs to be done to meet the employment placement needs of rehabilitation clients as stated in Schedule 4 of the Agreement. The problem was that the duties implied by Schedule 4 were beyond the scope of the present N.E.S. staff to carry out fully. In Saskatchewan it was noted that the distinction made by Schedule 4 between competitive and non-competitive employment (the province having the responsibility for the latter) was causing some confusion and they would like to see the N.E.S. have responsibility for all placement, both competitive and non-competitive.

Mr. Murchison said that a very great deal of work and attention is now being given to increasing and improving the quality of staff in the N.E.S.

The resolution was moved by Dr. Elliot, seconded by Mr. Talbot and carried unanimously.

10. SHELTERED EMPLOYMENT

(a) Sheltered Employment Committee

The Chairman referred to the list of sheltered employment facilities which had been drawn up with the co-operation of the provinces, the national voluntary agencies and the Civilian Rehabilitation Branch (copies of the list were distributed to the Members). It was also noted by the Chairman that a

report of the Sheltered Employment Committee of the Canadian Rehabilitation Council for the Disabled had been circulated to the Members before the meeting. The National Co-ordinator reported on some of the background and on the present situation. Mr. Campbell said we have been concerned with the provision of sheltered employment in Canada for many years. In 1954 there was a meeting of persons concerned with this and in 1954-55 a survey of sheltered employment in Canada was conducted. The National Conference on Sheltered Employment in Ste. Adele in 1962 stimulated further interest in the country. Immediately afterwards it was suggested that the Canadian Rehabilitation Council for the Disabled establish a Sheltered Employment Committee to work on details of the questions involved in setting standards. A counterpart committee on Sheltered Employment of the National Advisory Council was set up to work with the Canadian Rehabilitation Council's Committee. This is the situation to date. The C.R.C. Committee is now active and some action has been taken. There needs to be further discussion of standards as sheltered workshops come into being without much guidance as to function. A situation such as this might quite easily get out of hand and so the question is very important at this time.

In the discussion on sheltered employment Mr. Boyd referred to the report to Council of the Provincial Co-ordinators and said that one of the problems to be considered was whether governments were to become involved in sheltered employment and if so, to what extent, and what kinds of standards were to be developed. Government was already involved to some extent through the payment of fees, but if sheltered workshops (as described in the Provincial Co-ordinator's Report) were of benefit to the Vocational Rehabilitation Program, it was necessary to determine whether they should receive further government assistance. For example, some communities needed assistance in establishing these facilities. The services provided by sheltered workshops could be generally grouped into work assessment, work training, remunerative sheltered employment (anything over 30% of the average person's production for the job) and diversional activity. Should government restrict itself to assistance of the first three services only or should it become involved in helping diversional and activity centres and services also? This might include capital costs, staff salaries and training, and operating costs, as well as fees for service. It was noted that some Governments had already been asked for capital grants and Alberta, for example, already contributed to sheltered employment through capital assistance.

(b) Resolution on Sheltered Employment

This resolution was presented to Council by the Western Co-ordinators and Western Directors, Canadian Rehabilitation Council for the Disabled. Dr. Elliot had a similar resolution to present from British Columbia, but accepted this similar resolution in its stead. It reads as follows:

WHEREAS many individuals are handicapped in their desire to meet as far as possible their economic needs, and the provision of adequate facilities for sheltered employment will:

- (a) enable many to acquire work skills and habits that make them acceptable as employees in the labour market, and
- (b) to enable others to participate in part in their own maintenance.

BE IT RESOLVED: THAT THE GOVERNMENT OF CANADA, THROUGH THE VOCATIONAL REHABILITATION OF DISABLED PERSONS AGREEMENT, DEVISE MEANS TO ENCOURAGE THE DEVELOPMENT OF SUCH FACILITIES THROUGH CONTRIBUTING TO THE CAPITAL AND OPERATING COSTS OF SUCH FACILITIES, SUBJECT TO THE OPERATING AGENCIES MEETING STANDARDS ACCEPTABLE TO THE PROVINCES AND TO THE MINISTER.

Mr. Andras said that the case for government assistance to rehabilitation was no longer debatable nor was the need for sheltered employment facilities. Organized labour recognized the needs of disabled people and the desirability of assisting them to be self-sufficient, wholly or in part. Sheltered employment facilities have been and are being established. It was important to see that, once established, they did a good job and met minimum standards. They should be able to look to an expert source to enable them to do this and they should have the physical facilities necessary to do an efficient job. Mr. Andras concluded his remarks by saying there was a need for support of this type of resolution which was a resolution of principle. It would be realized that there would be a need to spell out the ways of accomplishing its aims in greater detail. Mr. Andras was joined by Mr. Major in support for the resolution.

Mr. Campbell, in discussing standards for sheltered employment, mentioned the importance of having labour and management representation on boards; that the individual employed in sheltered workshops receive full pay for what he does and not be exploited, and that sheltered employment not offer unfair competition to industry.

It was also noted in the discussion that there was no association of sheltered workshops in Canada similar to that in the United States, which would set standards. However, the Canadian Rehabilitation Council for the Disabled, through its Committee on Sheltered Employment, was examining the question of leadership, standards and guide lines for sheltered employment. It was also pointed out in the area of standards, that it was very important to ensure sound business management, particularly where government support was involved. While no firm conclusion was reached as to whether government support should extend to activity centres and diversional activity operations within the workshop, as well as to the services of work assessment, work training and remunerative sheltered employment, it was thought by many that the standards of activities centres would be raised by the introduction of some control and guide lines.

Brigadier Reid emphasized that it was important for sheltered employment to cater to all the handicapped and not just to one particular group.

It was moved by Mr. Boyd, seconded by Dr. Ellict that the resolution be adopted. This was carried unanimously.

II. DISCUSSION OF ACT

In introducing this main discussion, Mr. Campbell said that developments now taking place in the fields of health, welfare and employment had much implication for the Vocational Rehabilitation Program and would result in a greatly increased demand for services. The recommendations of the Gill Committee, presently under consideration, had resulted in arrangements for the transfer of the National Employment Service to the Department of Labour, bringing it into closer integration with the overall manpower and economic planning of the Department. A further recommendation concerning the longer-term unemployed on unemployment insurance was also under active consideration. Efforts were being made to make the whole procedure of bringing to bear any constructive forces which would aid in their re-establishment, more effective and dynamic. Means were being examined whereby these persons could be equipped to go back to work and prevent a flow of cases onto welfare assistance.

Similarly, in the field of welfare, there was active concern for the development of those services which would help to eliminate the causes of dependency and to assist those on welfare to become independent. There was increasing interest in making vocational rehabilitation services available to welfare recipients.

Again, the improvement in health services and the increasing utilization of medical rehabilitation tended to reduce disability and there was therefore a greater emphasis on returning to the labour market those who were left with some disability.

These developments are of interest and concern to vocational rehabilitation. The possibility of the development of parallel services all having the same objective was to be avoided as it would result in unnecessary and wasteful duplication. Mr. Campbell made it clear that he was concerned here with vocational rehabilitation services and not with all the other services which were proper to health and welfare and which could contribute to the independence of the individual, but were not within the immediate frame of reference of vocational rehabilitation. Rather, it was the philosophy in vocational rehabilitation that all those personnel who were working with people should be rehabilitation minded. The National Employment Service for example, should be concerned with the development of an efficient and dynamic job-seeking and job-counselling service. Welfare was concerned with the development of social services to do with those problems which were its particular responsibility and similarly it was the responsibility of the medical services to cure or to achieve the maximum recovery. However, those persons who could not be brought into usefulness through these devices alone would require the help of vocational rehabilitation for assistance in counselling and to see that they received the variety of services which they required. Many of these would be channeled to the vocational rehabilitation services for assessment and counselling.

In the light of this new situation the role of vocational rehabilitation programs is uniquely appropriate in aiding in the solution of these human problems.

A fairly long discussion followed Mr. Campbell's introduction of this subject. One of the main points made was that the methods of vocational rehabilitation, having developed quite successfully in relation to one group, the handicapped, should now be available to all who needed them to become economically independent. Instances were cited of applying vocational rehabilitation measures to selected welfare recipients with considerable success.

However, it was recognized that at present the vocational rehabilitation services were limited in staff and facilities and would be unable to handle a great increase in cases.

Rather than take on the whole work of say, a Welfare Department, there was agreement in principle that it would be more appropriate for vocational rehabilitation to remain a specialized service dealing directly with the more complicated cases of vocational handicap while at the same time offering its specialized knowledge of vocational rehabilitation resources and methods in a consultative and advisory capacity to departments of welfare, health, education, to voluntary agencies, and to smaller communities presently not covered by the services of the Program but leaving these latter services to carry the major responsibility for their own case loads.

It was recognized that while many individuals on welfare or unemployment insurance could benefit from vocational rehabilitation services, the present program was circumscribed in supplying the services and in assisting communities and other agencies in discharging their responsibilities through shortages of the necessary staff to do this. It was a question too, of convincing legislators and treasury boards of the importance and economy of rehabilitation.

A suggestion was made by one of the members that perhaps, as in the case of unemployment insurance, welfare too required two arms of service - financial assistance and rehabilitation. It was realized that there was a shortage of staff in public welfare, that case loads were very large, that the major responsibility and time involved was in determining financial eligibility and that there was not much time for rehabilitation.

The importance of closer co-ordination and co-operation between health, welfare and education at the Provincial levels and between National Health and Welfare and Labour at the Federal level was emphasized. It was suggested that the ideas of Council concerning the extension of vocational rehabilitation to others who could benefit was a topic which should be brought up at the forthcoming meeting of the Provincial Ministers of Welfare.

Other points covered in the discussion were that the definition of "disabled persons" under the Vocational Rehabilitation Agreement was intended to be broad and possibly no change in the definition would be required in order to bring in persons who could be considered "socially disabled". Basically, it was thought that the present provisions of the Agreement in general, allowed a very wide latitude for program development, and that much more could be done in extending vocational rehabilitation services to those who were in need of them than has been done to date.

It was thought desirable to develop a core of expert persons throughout the country who would be knowledgeable about vocational rehabilitation and who would know about the resources and methods necessary to bring men and work together. Such persons could act in an advisory capacity to welfare departments, health departments, departments of education, voluntary agencies and local communities. It was felt we were "dragging our feet" in developing such a core of vocational rehabilitation specialists. It was also thought that such advisory and consultative services were very necessary to introduce the "new dimension" of rehabilitation methods into other services such as welfare, as the Vocational Rehabilitation staff itself in the provinces could not at present handle a vast increase of case load, and could certainly not take on all the cases which were the proper responsibility of other authorities.

It was said that the vocational rehabilitation program had still not been able to convince legislators that it was less costly to rehabilitate people than to leave them on welfare, and that it had also to some extent failed to convince education authorities to accept fully their responsibility in this effort. It was suggested that, if rehabilitation were tied to an all-out drive against unemployment and dependency, that this might improve the general interest in rehabilitation.

Essentially, the problem of the development of the Vocational Rehabilitation Program was thought to be a question of the provinces building up their respective vocational rehabilitation programs, of taking on the necessary staff to handle the specialized cases whose vocational rehabilitation handicaps were more serious, or more complicated, and also to provide the necessary consultative services to enable others to help the people for whom they were responsible.

It was thought that a broadening of the interpretation of the term "disabled persons" would assist the provinces in extending their vocational rehabilitation services to these other groups. It was therefore moved by Mr. Boyd and seconded by Mr. Rogers (with amendment by Mr. Bradbury):

THAT THE DEPARTMENT OF LABOUR GIVE CONSIDERATION
TO A REINTERPRETATION OF THE TERM DISABILITY AS
CONTAINED IN THE VOCATIONAL REHABILITATION AGREEMENT,
WITH A VIEW TO INCLUSION OF THE SOCIALLY
HANDICAPPED, WHERE A REASONABLE EXPECTATION OF
VOCATIONAL REHABILITATION EXISTS.

This was passed unanimously.

The discussion returned to the question of academic education (discussed earlier in the meeting) for those above school age. It was thought by some provinces that it would help if the federal sharing in the cost of university education under the Vocational Rehabilitation Agreement could also include sharing in the cost of academic training where this was part of a vocational plan. It was moved by Mr. Boyd.

THAT THE GOVERNMENT OF CANADA SHARE WITH THE PROVINCES THE COSTS OF ACADEMIC EDUCATION LEADING TO FURTHER VOCATIONAL TRAINING, BY SHARING THE COSTS OF TRANSPORTATION AND LIVING ALLOWANCES FOR PERSONS WHO NEED TO BE BROUGHT TO A PLACE WHERE EDUCATION CAN BE GIVEN, AND THERE THE INDIVIDUAL IS OVER SCHOOL AGE, BY SHARING THE COSTS OF TRANSPORTATION, MAINTENANCE AND TUITION.

This resolution was passed unanimously.

Mr. Campbell said that everything possible would be done to bring the wishes of Council, as expressed in the idea of the "new dimension", (furthering vocational rehabilitation methods to aid in reducing unemployment and dependency) into the development of the Program. The two resolutions just passed, as well as the one on sheltered workshops, would be given the closest consideration.

Discussion continued on the discrepancy between programs five and six, (Technical and Vocational Training), with respect to the federal share in provincial costs (in program six it is 50-50, in program 5 it is 75-25 and in some cases 90 federal and 10 provincial for maintenance costs.) It was recommended that consideration be given to examining this discrepancy in the interests of consistency, orderly development and an elimination of confusion in the provinces.

The Deputy Minister of Labour entered the meeting at this point, and joined in the discussion. Mr. Haythorne said that with regard to the sharing of costs in program 5, a large training program for the unemployed, the department had been trying for some years to get this program underway without much success. A severe situation was developing at that time of unemployment and of unemployed people being inadequately prepared for jobs when these did become available. The increased federal contribution did make considerable difference in the development of the vocational training program.

Mr. Haythorne went on to ask whether, in the field of rehabilitation, the provinces thought that a similar stimulation was required, or did the provinces feel sufficiently enthusiastic and concerned about vocational rehabilitation that an increased Federal financial share was not the major problem. Mr. Haythorne wondered if there were other ways of getting a more vigorous program underway. However, he said that if there was a desire on the part of Council to have the question of greater uniformity between programs looked into, he would suggest that the review of training allowances presently being undertaken in the Department of Labour could be extended to include a question of greater uniformity between the programs concerned. Council expressed its agreement with this suggestion.

On the question of increased financial assistance generally in the rehabilitation program, there was no overall recommendation made by Council, as there appeared to be different aspects to this question in the different provinces. This was apart from the wish for assistance to sheltered employment, which had been expressed unanimously. It was not decided whether an increase in other areas, such as staff salaries or vocational training of the disabled, would result in a consequent expansion of the program. Further consideration was needed of these points in detail. A request was made that Council members be provided with a breakdown by age of those persons receiving training, by the time of the next meeting. This was in connection with concern about retraining the older person (for example, a man over thirty, with about seven years schooling, who had a wife and family). There was some thought that perhaps the vocational training programs were dedicated to the young, with not enough emphasis on the problems of retraining and alternative types of training.

It was suggested that greater imagination should be used in developing courses for older persons, disabled persons, those displaced by technological change in industry and so forth.

A plea was made for an imaginative approach to be used for those who needed training to become employable, regardless of whether their vocational handicap was caused by physical, mental, or social causes and regardless of age.

Mr. Boyd asked about the possibility of using training schools and their facilities for vocational assessment as well as for vocational training. Mr. Haythorne said that one of the most significant recent developments was the creation of a local structure to take care of training programs. Such an arrangement requires an agency to be set up whose full-time job was to develop a program suitable to local needs. He agreed that it was important to look at the personal resources behind program development, and at the quality of local experts, and that possibly the training program generally was not giving enough attention to this. Mr. Haythorne went on to say that there were many unanswered questions in the field of training which needed thought. He was very interested in knowing what stimulation Ottawa could give. For example, there was a great need for vocational counselling particularly for the older worker.

As for vocational assessment, he could see no reason why there could not be participation by training authorities, provided of course that the assessment was limited to technical and vocational assessment. Another suggestion made was that the Provincial Directors of Vocational Training meet with the Provincial Co-ordinators to explore some of the problems which had been outlined in discussion in Council.

It was felt that the solution to many of these problems lay in close working arrangements within the province and it was thought that such a bringing together of the rehabilitation and training personnel with federal advice and help would be of assistance.

Mr. Haythorne said that he thought this was a valuable suggestion.

13. RESEARCH (Item 13 was discussed before Item 12)

In introducing the topic, Mr. Campbell pointed out that the Department of Labour had an excellent Economics and Research Department. He said that research in vocational rehabilitation was a neglected area in Canada. He reported that a group of the United States vocational rehabilitation program had offered to visit Ottawa to discuss vocational rehabilitation research with the Economics and Research Branch of the Department of Labour.

Mr. Haythorne said that the Department would welcome suggestions for research which would pay dividends in this field. For example, he said, this summer the Department was sponsoring a research project which was to be a careful analysis of the training of the unemployed. He suggested that this could be broadened to include an adequate sample of people in vocational rehabilitation categories. Members of Council showed much interest in this suggestion. Mr. Haythorne went on to say that another area to which more thought should be given was to the problems of older trainees who drop out of training. This question needed much more careful examination. We should probably develop new kinds of training approaches for many of these groups of persons with special needs. Mr. Haythorne said that it would probably be very helpful to have a review paper prepared on the forms and auspices of training in other countries and that this might open up further areas or leads for research in Canada.

At present no one is devoting full time to this research. He thought that possibly the Department of Labour should have such a position in its Economics and Research division. He also said that perhaps at this stage of development, some of the provincial programs might feel that they could establish a research position and if they did so, the costs could be shared under the vocational rehabilitation agreement.

Mr. Haythorne concluded these remarks by stating once again, that he would be pleased to see if the Economics and Research Department would be very happy to provide the necessary help and personnel as required. In line with Mr. Haythorne's suggestions, the Chairman suggested to Council that the provinces submit their views on the subject of research and on some of the points which Mr. Haythorne had mentioned. He also indicated this summer.

Mr. Campbell reminded Council Members again that under the Vocational Rehabilitation Program, the Federal Government could first of all share in provincial research programs and, secondly, could conduct research itself. He said that the Department of Labour had been considering various research projects in vocational rehabilitation and ways in which leadership could be given, but it was also thought that provincial participation was important for the best results.

Several Council Members expressed interest in the suggestion of establishing a position at the federal level for a research person and also it was thought that it would be helpful to the provinces if a staff member of the Department of Labour could review aspects of vocational rehabilitation in other countries and then act as a consultant to the provinces. It was suggested that the person at the federal level who would be responsible for this should be competent in the research field and knowledgeable in the field of vocational rehabilitation, and who could work with the provinces.

Mr. Campbell said that action would be taken on these proposals.

12. PUBLICITY (This Item was considered after Item 13)

In the absence of Mr. Blackburn, Mr. Charles Taylor of the Department of Labour, Information Branch, presented a report. The text of this will be found in Appendix "J". In the discussion which followed Mr. Taylor's report, Dr. Hoffman said that it included a large component of the recommendations of the Medical Committee regarding educational and publicity material dealing with the National program. He said he would hope for a provincial publicity program too.

Mr. Campbell said some of the pamphlets mentioned by Mr. Taylor would be in draft form so that they could be used by the provinces to meet specific provincial conditions. He also reminded Council that under the Vocational Rehabilitation Agreement, the Federal Government can share in the cost of provincial publicity. Reference was made to the new sign designed by the Department to publicize the employment of the handicapped. An example of this sign had been displayed throughout the meeting, and could be produced in the form of stickers, easel boards for window displays, billboards with a suitable text, and in other ways.

Mr. Campbell said that planning of a proposed week of concentrated publicity in the fall was underway and that the TV clips would be available for local use. These plans were in line with Council's wishes, expressed at the previous meeting and Council signified approval.

Mr. Campbell said that everything would be produced in both French and English. Another item which would be available to those who could use them, would be self inking stamps capable of making 40,000 impressions, for use on outgoing mail.

ADJOURNMENT

The chairman brought the meeting to a close, thanking the Members of Council, the alternates, the Provincial Co-ordinators and the staffs of the government departments which had assisted at the Meeting and the staff of the Civilian Rehabilitation Branch.

He said that in due course, a new Council would be appointed and that it was his hope that many of the present members would form part of the new Council. He said that he thought that this third meeting of Council had accomplished a very great deal and that the suggestions and recommendations made would be given the very closest consideration by the Minister of Labour and his Department.

Colonel Baker said he was very encouraged by the improvements which had taken place in the Vocational Rehabilitation Program and by the discussions at the Meeting. On behalf of himself and Mr. Davis, speaking for the voluntary agencies, he wanted to express appreciation for the work of the Council and of the Vocational Rehabilitation Program.

Dr. Elliot thanked the Chairman on behalf of Council and expressed the hope that Brigadier Melville would be in the Chair of the new Council.

The meeting adjourned.

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APPENDIX "A"

Members of the National Advisory Council

Membership of National Advisory Council
on the Rehabilitation of Disabled Persons

CHAIRMAN

Brigadier James L. Melville,
61 Cartier Street,
Ottawa, Ontario.

Representatives of Provincial Governments

Duncan W. Rogers, Deputy Minister, Department of Public Welfare,
Edmonton, Alberta.

Dr. G.R.F. Elliot, Assistant Provincial Health Officer, Department
of Health Services and Hospital Insurance,
Vancouver, British Columbia.

K. O. Mackenzie, Deputy Minister of Public Welfare, Department
of Public Welfare, Winnipeg, Manitoba.

Yvon Melanson, Director and Co-ordinator of Rehabilitation,
Department of Health, Fredericton, New Brunswick.

Dr. T.A. Knowling, Assistant Deputy Minister, Department of Health,
St. John's, Newfoundland.

H. S. Farquhar, Director of Old Age Assistance, Department of
Public Welfare, Halifax, Nova Scotia.

James S. Band, Deputy Minister, Department of Public Welfare,
Toronto, Ontario.

Brig. Wm. W. Reid, Deputy Minister, Department of Welfare and Labour,
Charlottetown, Prince Edward Island.

Gustave Poisson, Associate Deputy Minister, Department of Youth,
Parliament Buildings, Quebec, Quebec.

R. Talbot, Director of Welfare, Department of Social Welfare
and Rehabilitation, Regina, Saskatchewan.

Representatives of Federal Government Departments

Dr. O. Hoffman, Chief, Medical Rehabilitation Division, Department
of National Health and Welfare, Ottawa.

Mr. E. J. Rider, Director, Veterans Welfare Services, Department of
Veterans' Affairs, Ottawa.

Mr. Ian Campbell, National Co-ordinator, Civilian Rehabilitation,
Department of Labour, Ottawa.

Mr. C.A.L. Murchison, Commissioner, Unemployment Insurance Commission,
Ottawa.

Representatives of Health and Welfare Voluntary Agencies

Lt. Colonel E. A. Baker, Canadian National Institute for the Blind,
1929 Bayview Avenue, Toronto, Ontario.

Mr. R.E.G. Davis, 813 Eastbourne Avenue, Ottawa 2, Ontario.

Representatives of the Medical Profession

Dr. E. W. Lidington, 151 Holmwood Avenue, Ottawa, Ontario.

Dr. G. Gingras, Executive Director, Rehabilitation Institute of Montreal, 6300 Darlington Avenue, Montreal, Quebec.

Representatives of Universities

Dr. Brock Fahrni, Director of the School of Rehabilitation Medicine, University of British Columbia, Vancouver, B.C.

Reverend Father Andre Guillemette, Director, Institute of Gerontology, University of Montreal, Montreal, Quebec.

Representatives of Organized Employers

G. Egerton Brown, Vice-President, Personnel, Sun Life Assurance Company of Canada, Sun Life Building, Montreal, Quebec.

Roy Campbell, 52 Forden Crescent, Montreal, Quebec.

Representatives of Organized Workers

A. Andras, Director of the Legislative and Government Employees Department, Canadian Labour Congress, 100 Argyle Avenue, Ottawa, Ontario.

Mr. Julien Major, Research and Education Department, International Brotherhood of Pulp, Sulphite and Paper Mill Workers, Room 835, 2100 Drummond Street, MONTREAL, P. Q.

OTTAWA, Ontario.
May 1, 1964.

APPENDIX "B"

Chairman's Remarks - Brigadier James L. Melville

MEETING OF NATIONAL ADVISORY COUNCIL

Chairman's Remarks

Welcome to the third meeting of the National Advisory Council. As our three-year term of office expires this year, this is the last time that the Council, as presently constituted, will meet here together as a group. It is particularly important, therefore, that we take this opportunity to give careful consideration to the program as it has developed so far and to offer our most thoughtful advice on its future direction. Looking back over the term of Council, we can see several milestones marking the development of the program. The most outstanding, of course, was the passing of the Vocational Rehabilitation of Disabled Persons Act in 1961. The advice of Council contributed a very great deal to the achievement of this legislation. We can also see that there has been, since the passing of the Act, an increase in rehabilitation staff in the provinces and in Ottawa an increased federal-provincial financial investment in rehabilitation and a slowly but steadily rising number of rehabilitants.

But progress has not been fast enough. The needs and pressures are increasing from all sides to make rehabilitation services more widely available. Present and proposed developments in the health services, the welfare services and in the employment service make it our primary concern to ensure that the services of vocational rehabilitation can be available to all the many people who can benefit from them.

The agenda for this meeting provides us, first of all, with the necessary opportunity to become informed on what has taken place in rehabilitation and related programs over the previous year. I would then like us all to take thought of Item II which is designed to give Council the opportunity to make those suggestions, which, if implemented, will make our expectations for the program a living reality.

I do know that the advice of Council, representing as it does the combined experience of a great many interests and fields in our country, carries much weight. I would like to think that this Council will accept this challenge and this responsibility to contribute to the shape of the Vocational Rehabilitation Program of the future. In a democratic society, the role of advisory councils to government cannot and must not be underestimated and I call upon you all individually and together as a Council to fulfil this obligation in the best tradition.

The Government's part in social welfare and cultural activity does not detract from the scope, meaning and effectiveness of professional work in private agencies, nor does it eliminate the need for experiment and service by voluntary groups.

Though governments may spend millions of dollars every year on welfare services - family allowances, unemployment insurance, old age pensions, mothers' allowances, pensions for the blind, and aid for the handicapped - there are always problems and situations beyond the scope of governments.

Public relief cares for extremity and provides the necessities of assistance.

The voluntary services provide in the main for special needs and carry the heart into the material forms of aid.

Today's voluntary social work aims at promoting the real welfare of dependents and their children. It is not directed solely to keeping them alive and out of trouble.

It does not try merely to medicate and dress an open sore, but to heal it.

The emphasis has shifted from relief to rehabilitation, from advice to counselling, and from amelioration to prevention.

APPENDIX "C"

National Co-ordinator's Report - Mr. Ian Campbell

REMARKS OF THE NATIONAL CO-ORDINATOR TO
THE NATIONAL ADVISORY COUNCIL ON THE
REHABILITATION OF DISABLED PERSONS

I should like to add my own personal welcome to the Members of Council at a time when, in view of various national considerations, your deliberations assume greater importance than ever before.

Mesdames et messieurs -

C'est un plaisir pour moi de vous souhaiter la bienvenue à cette importante réunion, et je voudrais vous exprimer ma gratitude pour la cordialité de nos relations durant la dernière année.

Nous regrettons que malgré nos efforts, nous n'avons pas atteint notre but et la province de Québec n'a pas encore conclu d'accord en vertu de la loi sur la réadaptation professionnelle des invalides. Un tel accord serait très bienvenu et mon personnel qui, en passant, est bilingue à un degré de soixante pour cent est anxieux de collaborer plus étroitement avec vous afin d'atteindre nos buts communs.

In the past year, as the economy expands and employment opportunities increase, there has been much evidence that all concerned with the health, welfare and employment of our people, are becoming deeply concerned that positive action be taken in a vigorous effort to reduce the incidence of dependency, throughout Canada. The Gill Committee Report and the discussions in welfare and health circles, all show deep concern with this problem. As we endeavour to translate concern into action, we must determine ways in which the principles of Vocational Rehabilitation can be used in Canada to the best purpose.

The provision of counselling, medical, social and vocational assessment, followed where indicated, by services of restoration, training and placement, are essential ingredients of any program to reestablish those who have difficulty in assuming their proper place within the labour market. As has been mentioned, these services are already incorporated by legislative authority within the Vocational Rehabilitation of Disabled Persons Act. To avoid duplication of effort and competition for scarce resources and trained staff, consideration could be given to broadening the application of the Act so that in co-operation with other government and voluntary agencies, we can develop a vigorous campaign to promote self-reliance and independence.

In such a setting, it is encouraging to note that since the passing of the Vocational Rehabilitation Act, there has been a steady increase in the number of individuals who have benefitted from service and have been enabled to look after their own needs. Unfortunately, the growth has not been even across the land, and the number served is still but a small fraction of those who need the service. The possibilities of a Vocational Rehabilitation Program, are not yet fully realized in Canada. In the past year, we have seen much development in other countries where such programs are more firmly established.

As an example, you have before you the inspiring figures from the corresponding program in the United States, where more than 110,000 disabled persons were rehabilitated last year.

We have just had a visit from Dr. Bergh, Head of the Vocational Rehabilitation Division of the Royal Labour Market Board in Sweden. The situation there is similar to that in all Scandinavian Countries, Great Britain, and several other countries in Europe where these programs are well established.

Sweden has a population of 7½ million. Last year the Vocational Rehabilitation Division had 50,000 referrals of persons who were physically, mentally, or socially handicapped, as we had over 1,000 cases of prolonged unemployment. During the year, 12,500 of these people, having received services similar to those outlined in our Act, were placed in regular employment. 11,000 were placed in sheltered employment and at the close of the year, over 8,000 were enrolled in vocational training classes. Such results, of course, require considerable staff and investment. In this case, there is a supervisory staff of 50, and 250 vocational counsellors in the field, spending their entire time seeking out those who need service and arranging and following through the various processes of rehabilitation, till the best possible result has been obtained. Their experience confirms our belief that staff engaged in this work, must be full-time staff, devoting all their energies to the problems of the individuals they serve and they cannot be fully effective if diverted by responsibility for other duties.

While we are pleased to note some expansion in the number of staff employed as vocational counsellors, the number successfully served, will always bear a direct relationship to the number employed and we hope to see considerable expansion in this area in the future.

The Vocational Rehabilitation officer or counsellor, is the key person in a successful program. He must indeed be a specialist whose knowledge encompasses an understanding of people, the contribution that can be made by health and welfare agencies, and be informed on training needs and resources, the labour market, job opportunities and requirements, union regulations and all the complicated procedures associated with preparing individuals for employment, suited to their capacities. We are slowly developing such a corps of experts in Canada. I should like to pay tribute to them and those responsible for their supervision and training.

In the past year, the central office staff has provided consultation and assisted the provinces, as required, with individual staff training.

Some from the provinces have been invited to take courses in the United States in subjects related to their responsibilities. The Ontario Staff Training Program still demonstrates its effectiveness and last week the University of Manitoba, in co-operation with the Canadian Rehabilitation Council for the Disabled and the Federal Provincial Program, was offering a three-week course for rehabilitation personnel.

In addition to our work with the provinces and the national voluntary agencies, staff members have addressed many gatherings, lectured in University cities and participated in conferences, on committees, associated with our work. These include the Canadian Welfare Council, the World Federation of Occupational Therapy, the Interdepartmental Conference on Public Welfare, the Canadian Conference on Social Welfare, and many others.

I have continued to serve as Chairman of the World Commission on Vocational Rehabilitation and have presented over 20 papers on topics to the Associate Committee on Building Standards, of the National Research Council, which is drawing up a Supplement to the Canadian Building Code regarding making buildings more accessible to the handicapped or aging. These standards, which should be available by January 1965, will be of great assistance in achieving the aims of our program. Recently the Branch of Vocational Rehabilitation and Co-ordination of Rehabilitation Services has met, as required, and we can report that the liaison with other departments and agencies concerned with our work, the financial arrangements with the provinces have operated smoothly and the few problems that have arisen, have been resolved without difficulty. The work of the Branch has greatly increased in volume, but the appointment of additional staff to meet our needs, has been approved.

Most of the other items that would warrant mention, will come forward as we go through our agenda so that there is no need to dwell on them at this time.

I should like to thank our associates in the provinces, the directors of the voluntary agencies, my colleagues in various government branches and agencies, for their continued co-operation and, of course, the staff of Civilian Rehabilitation for their devoted service and efforts, frequently going far beyond the call of normal duty. Lastly, I thank you for the help that you have given as individuals in Council and Committee and, of course, the unfailing interest and encouragement of our Chairman, Brigadier James L. Melville, has been a great satisfaction and help. We, who are charged with the responsibility of putting our program into effect, now ask you to supply, through the Minister, the advice on which we are so dependent in approaching our future problems and responsibilites.

APPENDIX "D"

Review of Provincial Developments

Report - Mr. R.N. Meilleur

National Summary Rehabilitated Cases

Cumulative Statistics to March 1964

Sources of Referral

Characteristics of Cases

Financial Tables

Federal Provincial Expenditures 1963-64

Federal and Provincial Shareable Expenditures 1962-63 and
1963-64

Federal Payments 1953 to 1963-64

Federal Provincial Expenditures 1957-58 to 1963-64

REVIEW OF PROVINCIAL DEVELOPMENTS

A second year has passed since the new Vocational Rehabilitation of Disabled Persons Agreements were signed by the provinces to implement the Vocational Rehabilitation of Disabled Persons Act.

The value of this legislation is apparent in reports received on activities and developments during the past fiscal year. These reports all indicate an increase in services to a larger number of the handicapped.

You will find in your folders various reports and statistical tables providing data on the growth of the program.

The Vocational Rehabilitation program is now firmly based and although we have not yet assisted many persons that could benefit from service, we can feel justifiably proud of the work done by the growing but still inadequate number of rehabilitation workers in the field today and by the limited staff in provincial rehabilitation offices.

DEVELOPMENTS (1963-64)

CO-ORDINATION

Reports and visits show that the past year has probably been the busiest in the area of co-ordination since the inception of the program.

The continuing attack on mental illness and the nation-wide demand for services for the retarded have been translated into demands for the application of rehabilitation techniques and the provision of related services. The needs of the vocationally handicapped have brought the same demands to help reduce dependency.

Co-ordinators in every province have been called upon to organize, guide and in many instances to staff various committees and study groups. Provincial interdepartmental committees and provincial rehabilitation councils were involved during the past year in the planning of a co-ordinated service structure for the mentally ill and the mentally retarded.

Regional and local welfare councils across Canada, anxious to apply rehabilitative measures to community problems looked to the Co-ordinators to help them plan for the effective use of community resources and the development of co-operative effort.

Programs for the de-centralization of services such as in Alberta, British Columbia and Saskatchewan have necessitated continuing consultative and advisory service from the Co-ordinators. For example in British Columbia the development of local community resources and the development of local responsible personnel from health, welfare and employment agencies have been carried out in three communities and four new local committees are in the process of formation.

In Alberta, where services are centered in the Public Assistance Division, the Co-ordinator is responsible for maintaining liaison between those services and the provincial and local voluntary agencies.

2 - Assessment and Counselling

All the provinces report that Rehabilitation Assessment and Counselling Services, the basic work-load of the rehabilitation staff, must be provided to a greater number of physically impaired registrants and rapidly extended to provide service to the mentally ill and the retarded.

The present staff, as mentioned earlier, is not adequate to meet these service requirements. In Ontario, you have a good indication of what is happening elsewhere in Canada. The Rehabilitation service is receiving a great many new demands for assistance and service daily from health and welfare agencies in rural and mining areas as well as from the large metropolitan centers.

..

On the other hand, we are finding out how to provide vocational rehabilitation service through trial efforts and pilot projects which have demonstrated the feasibility of rehabilitation. Take for example, a project in Manitoba where 50% of a selected group of mental patients were returned to employment through a work-evaluation program. Equally successful experiences were mentioned in reports from Saskatchewan, Ontario, Quebec and Nova Scotia.

Quarterly reports from every province indicate a growing demand of services and facilities to help the mentally retarded. During the past year, some solid work has been done in the development of methods of evaluating the work potential of the retarded. We learn from many parts of Canada that an imaginative approach can assist these individuals towards a vocational goal.

Services of restoration, training & placement

I will not dwell on these services as they will be reported later in the meeting.

All provinces report a healthy growth and a greater availability of physical restoration services.

The recent expansion of technical and vocational training facilities is well known.

The number of trainees could be greater but we are encouraged by provincial reports which indicate that a great variety of training courses have been developed through the close co-operation of the provincial rehabilitation and training authorities and the Employment Service.

Quebec is an example with 662 persons trained during the past fiscal year for a great variety of occupations from building maintenance courses for the retarded to printing courses for the deaf. It is interesting to note that an initial follow-up revealed that 289 individuals of the 662 are already in regular employment.

The list of occupational training courses in Ontario is a long one and shows what possibilities there are for rehabilitation through the practical use of the vocational training program.

Newfoundland reports a 50% increase in the numbers in training. In Saskatchewan, domestic training courses and agricultural training projects are breaking new ground.

R.N. Meilleur,
Assistant Co-ordinator,
Civilian Rehabilitation.

ESTIMATED ACCUMULATIVE EARNINGS	\$ 1,750,753
	3,610,918
	5,830,298
	8,513,701
	11,244,203
	14,442,750
	17,844,729
	22,089,733
	85,327,085

DEPARTMENT OF LABOUR



CIVILIAN REHABILITATION

Province..... NATIONAL SUMMARY

Period Covered Fiscal Year
1963 - 1964

REPORT ON REHABILITATED CASES

SUMMARY

Male.....	1403.....	Female.....	731.....	Total.....	2134.....	Received Restoration Services	.....	1106.....
Dependents				1684.....		Given Training	.....	1241.....
Urban.....	1452.....	Rural	682.....	Total.....	2134.....	Provided with Tools and Equipment	.....	33.....
						Placements	.....	2038.....
Rehabilitated to Employment	2038.....					Rehabilitated to Self-Care	.....	96.....
Cost of Support at Acceptance			\$1,363,9065			Total	.....	2134.....
						Earnings after Rehabilitation	.....	\$ 4,245,004.....

TABLE 1 - BREAKDOWN BY SEX, DEPENDENTS, LOCATION AND EDUCATIONAL STANDING AT ACCEPTANCE

Disability Groups		Amputations	Neuro-Muscular Skeletal	Hearing	Seeing	Neuro-logical	Respiratory	Cardio-Vascular	Neuro-Psy-chiatric	Misc	Total
Total		118	529	281	305	159	256	83	343	60	2134
SEX	Male	100	374	180	182	110	170	67	185	35	1403
	Female	18	155	101	123	49	86	16	158	25	731
Number of Dependents		164	655	68	172	73	206	147	136	63	1684
LOCATION	Urban	75	308	229	211	109	148	59	277	36	1452
	Rural	43	221	52	94	50	108	24	66	24	682
AGE GROUPS	Under 20	7	59	79	27	14	19	8	46	7	266
	20 to 29	31	217	135	82	65	119	23	171	30	873
	30 to 39	21	102	30	46	23	71	18	72	10	398
	40 to 49	27	75	21	49	21	30	21	40	6	290
	50 to 59	16	60	9	44	22	15	7	14	3	190
	60 and over	16	16	7	57	9	2	6	-	4	117
EDUCATION AT ACCEPTANCE	Nil	5	20	11	17	10	1	-	18	-	82
	1 to 4 years	6	26	14	15	5	2	5	96	2	171
	5 to 8 years	57	213	176	125	65	94	34	109	26	899
	9 to 12 years	33	166	64	87	47	91	30	74	22	614
	Matriculation	14	85	13	45	23	55	14	32	9	290
	University	3	19	3	16	9	13	-	14	1	78

TABLE 2A - FINANCIAL STATUS AT ACCEPTANCE

Disability Groups	Amputations	Neuro-Muscular Skeletal	Hearing	Seeing	Neurological	Respiratory	Cardio-Vascular	Neuro-Psychiatric	Misc	Total
Dependent on Relatives	36	233	124	92	78	78	24	152	21	546
Dependent on Public Assistance	28	129	46	120	42	111	29	151	21	459
Disability Allowances & Other Allowances, Compensation etc.	2	21	-	6	1	3	-	2	-	35
EARNINGS	Under \$500	2	2	2	-	1	-	5	1	13
	\$501 to \$1000	1	14	5	8	2	2	4	9	45
	\$1001 to \$2000	9	34	15	5	7	27	5	7	116
	\$2001 to \$3000	16	35	17	11	1	11	5	7	105
	Over \$3000	11	14	1	6	6	6	1	5	50
Old Age Security, Retirement Pension, Annuities, Savings	7	17	4	35	15	8	6	6	3	101
Unemployment Insurance	7	25	64	10	4	7	4	15	5	141
(No information 24) TOTAL										2110

TABLE 3A - PRINCIPAL OCCUPATION BEFORE ACCEPTANCE

Professional and Managerial	5	14	2	18	6	5	3	12	2	67
Sales and Clerical	17	55	19	31	22	23	10	66	7	250
Service Occupations	21	36	12	21	14	28	8	30	7	167
Agriculture, Fishery, Forestry etc.	15	39	3	25	11	12	3	17	4	134
Skilled Occupations	13	50	18	17	10	24	12	9	5	158
Semi-skilled Occupations	11	33	12	16	11	18	13	14	2	130
Unskilled Occupations	22	89	65	31	19	53	10	34	11	334
Housewife or Homemaker	5	31	6	51	13	1	4	4	1	116
No previous Occupation	17	178	157	91	53	81	19	157	21	754
Retired No Information	2	5	1	4	-	11	1			24
TOTAL										2134

TABLE 4A - TRAINING BEFORE ACCEPTANCE

Academic	1	-	-	-	2	2	1	2	8	
Professional	3	17	1	15	7	9	-	10	1	63
Technical	-	5	-	3	1	4	2	1	-	16
Commercial	6	43	42	14	12	15	7	25	3	167
Trade	8	30	61	21	10	16	10	12	1	169
Service Occupation	5	6	4	3	2	2	-	4		26

ESTIMATED ACCUMULATIVE EARNINGS	\$ 1,750,753	3,610,918	5,830,298	8,513,701	11,244,203	14,442,750	17,844,729	22,089,733	25,327,085
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TABLE 2B - FINANCIAL STATUS AFTER REHABILITATION

Disability Groups	Amputations	Neuro-Muscular Skeletal	Hearing	Seeing	Neurological	Respiratory	Cardio-Vascular	Neuro-Psychiatric	Misc	Total
Dependent on Relatives	2	8	-	28	13	-	-	18	-	69
Dependent on Public Assistance	10	20	1	53	19	2	2	20	-	127
Disability Allowances & Other Allowances, Compensation etc.		1								1
EARNINGS	Under \$500	8	1	12	7	-	1	38	-	*
	\$501 to \$1000	2	20	3	20	12	-	5	70	3
	\$1001 to \$2000	23	152	93	73	40	51	14	87	19
	\$2001 to \$3000	46	213	166	66	40	119	44	105	27
	Over \$3000	32	111	17	29	25	83	17	41	11
	Old Age Security, Retirement Pensions, Annuities, Savings	2	2	-	27	8	1	1	1	-
No Information	1	2	1	9	2	-	-	1	-	16
* Small Earners supplementing pension or assistance									TOTAL	2134

TABLE 3B - OCCUPATIONS AFTER REHABILITATION

Professional and Managerial	11	45	5	18	9	44	4	8	4	148
Sales and Clerical	25	153	52	69	40	60	27	82	17	525
Service Occupations	11	70	52	29	14	56	10	114	15	371
Agriculture, Fishery, Forestry etc.	6	17	5	7	1	3	3	28	2	72
Skilled Occupations	21	86	38	26	19	50	21	25	11	297
Semi-skilled Occupations	11	53	41	83	18	19	7	28	6	266
Unskilled Occupations	12	45	84	40	10	22	4	55	3	275
Housewife or Homemaker	6	36	3	19	13	-	5	1	2	85
Self-Care	15	24	1	14	35	2	2	2	-	95
									TOTAL	2134

TABLE 4B - SERVICES PROVIDED - TRAINING

SPECIAL 221

Academic	-	7	1	2	4	15	-	10	3	42
Professional	4	28	2	11	5	45	3	4	2	104
Technical	1	19	-	4	2	9	4	1	2	42
Commercial	11	95	10	58	22	50	16	62	15	339
Trade	15	81	27	31	22	64	18	36	10	304
Service Occupation	3	29	29	26	2	36	9	49	6	189

TABLE 5 - OTHER SERVICES PROVIDED

Disability Groups		Amputations	Neuro-Muscular-Skeletal	Hearing	Seeing	Neurological	Respiratory	Cardio-Vascular	Neuro-Psychiatric	Misc	Total
Counselling		107	452	267	306	134	253	63	334	60	2038
TREATMENT	Persons Receiving Services	101	374	89	65	124	86	45	181	40	1102
	Medical	62	282	65	51	69	56	37	141	35	818
	Surgical	5	59	2	4	7	4	9	5	7	102
	Psychological	17	108	26	13	44	28	12	127	10	385
	Psychiatric	1	12	1	1	6	-	1	106	2	130
	Physiotherapy	19	106	-	-	43	2	4	4	1	172
	Occupational Therapy	6	26	2	6	26	2	3	78	-	149
PLACEMENT	Speech Therapy	-	5	10	-	12	-	1	4	2	34
	Prosthetic	85	98	37	13	27	1	1	2	2	266
	Tools and Equipment	-	12	-	9	3	5	-	2	2	33
	N.E.S.	7	52	14	7	15	28	10	37	3	173
	Rehabilitation Officer	6	29	5	5	6	29	3	20	8	111
	Voluntary Agency	8	44	185	186	26	16	7	57	10	541
	Self	78	356	67	89	72	164	57	120	34	1037
	Other	4	24	9	4	5	14	4	107	5	176
	TOTAL PLACEMENTS										2038

TABLE 6 - STATUS AT CLOSURE

Regular Employment	91	428	275	160	92	242	72	29	26	1710
Self Employment	5	26	1	11	9	11	3	8	1	75
Sheltered Employment	1	5	1	31	9	-	1	36	1	89
Homebound Employment	-	6	-	69	1	-	-	2	-	78
Housewife or Homemaker	6	36	3	19	13	-	5	1	2	85
Self-Care	15	24	1	15	35	3	2	3	-	97
TOTAL										2134

TABLE 7 - DURATION OF SERVICES

Under 6 months	25	86	172	100	37	1	20	53	10	518
6 to 12 months	31	94	22	57	34	2	13	62	7	346
12 to 24 months	25	142	37	50	40	75	22	101	22	514
Over 24 months	37	207	50	90	46	142	26	127	19	756

Date..... May 1964.....

TOTAL 2134

REHABILITATION CASES ON WHICH FULL DETAILS ARE AVAILABLE

PERIOD	NUMBER OF CASES	MALES	FEMALES	NUMBER OF DEFENDENTS	ESTIMATED ANNUAL COST FOR SUPPORT	ESTIMATED ACCUMULATIVE SUPPORT SAVINGS	ANNUAL EARNINGS AFTER REHABILITATION	ESTIMATED ACCUMULATIVE EARNINGS
Up to March 31, 1957	1,001	686	315	610	\$ 450,532	\$ 450,532	\$ 1,750,753	\$ 1,750,753
Fiscal Year 1957-1958	1,055	683	372	826	948,460	1,298,992	1,860,165	3,610,918
Fiscal Year 1958-1959	1,174	745	429	877	1,232,040	2,631,032	2,19,380	5,830,298
Fiscal Year 1959-1960	1,462	941	521	1,146	923,240	3,554,272	2,633,403	8,513,701
Fiscal Year 1960-1961	1,614	1,044	570	1,276	954,304	4,508,576	2,730,502	11,244,202
Fiscal Year 1961-1962	1,669	1,079	590	1,300	902,919	5,411,495	3,198,547	14,442,750
Fiscal Year 1962-1963	1,814	1,186	628	1,400	1,118,891	6,530,386	3,401,979	17,844,729
Fiscal Year 1963-1964	1,134	1,403	727	1,584	1,363,065	7,843,451	4,245,004	22,089,733
"TOTALS"	11,923	6,767	4,746	9,145	7,892,441	27,787,36	85,327,085	85,327,085

SOURCES OF REFERRALS TO VOCATIONAL REHABILITATION SERVICES BY PROVINCE

1963-1964

Province	All Sources %	All Health Services %	Health Services			Government Agencies %	Voluntary Welfare Agencies %	Government Education Agencies %	Other Government Agencies %	National Employment Services %	Self or Family %	Others %	Not Give %
			Doctors %	Hospitals and Clinics %	Health Agencies %								
B. C.	100	43.9	15.6	14.9	13.4	14.9	5.2	1.5	0.0	8.2	20.9	5.2	0.0
ALTA.	100	20.1	7.4	10.6	2.1	5.3	20.2	6.4	1.1	12.8	26.6	7.4	0.0
SASK.	100	40.2	5.4	7.2	27.6	3.6	19.0	6.3	1.4	4.5	19.5	4.5	0.9
MAN.	100	54.3	6.5	16.3	31.5	4.3	10.3	2.2	0.5	4.3	16.8	7.1	0.0
C.B.	100	31.0	5.0	9.5	16.5	27.0	6.6	21.9	0.3	3.5	5.0	4.1	0.1
QUE.	100	53.0	16.9	20.0	16.1	20.6	4.5	10.7	0.0	1.7	8.5	0.0	1.1
N. B.	100	39.8	20.4	0.0	19.4	7.8	7.3	1.9	0.5	1.5	25.2	16.0	0.0
N. S.	100	34.9	4.7	14.0	16.3	10.1	14.0	7.0	0.0	9.3	20.9	3.1	0.8
P.E.I.	100	69.2	60.0	1.5	7.7	0.0	0.0	0.0	0.0	0.0	29.2	1.5	0.0
N.LD.	100	6.7	5.0	0.0	1.7	43.3	18.3	3.3	0.0	0.0	25.0	3.3	0.0
CANADA	100	39.0	11.1	10.8	17.6	16.6	9.0	10.7	0.4	4.0	14.2	4.9	0.6

VOCATIONAL REHABILITATION OF DISABLED PERSONS

Characteristics of cases reported rehabilitated
fiscal years 59 - 64

FISCAL YEAR	TOTAL PERSONS	Dependent on Public Assistance		8 years schooling or less		Age 20 - 40		Rehabilitated to competitive employment		Disability Groups	
		NO	%	NO	%	NO	%	NO	%	NO	%
59-60	1462	526	35.9	774	52.9	907	62.0	1145	77.4	93	6.4
60-61	1614	511	31.6	884	54.8	947	58.6	1254	78.1	100	6.2
61-62	1669	437	26.2	936	56.1	1007	60.3	1268	75.9	199	11.9
62-63	1814	480	26.6	988	54.5	1029	56.7	1366	75.3	237	13.1
63-64	2134	658	30.8	1152	54.0	1271	59.6	1710	80.1	343(1)	16.1
										1791	83.9

Civilian Rehabilitation
Department of Labour
Ottawa, May, 1964.

(1) 155 of these 343 were
mentally retarded

FEDERAL-PROVINCIAL EXPENDITURES UNDER
THE VOCATIONAL REHABILITATION OF DISABLED PERSONS ACT
FISCAL YEAR 1963-64

TOTAL.

Classification of Expenditures

PROVINCE	Classification of Expenditures						TOTAL.				
	Provincial Staff	Salaries	Travelling	Schedule V Training and Development	Schedule I Assessment & Counselling	Schedule II Services & Processes of Restoration	Schedule III University Training	Tools & Equipment	Maintenance Allowances	Miscellaneous	
N.S. d.	\$ 12,428.42	1,113.53	—	\$ 1,442.55	—	—	—	\$ 1,019.32	\$ 382.66	\$ 482.09	\$ 16,868.57
P.E.I.	5,075.72	728.57	—	—	603.00	—	—	1,884.30	82.92	—	8,374.51
N.S. e.	34,027.92	6,042.62	2,201.12	1,735.66	8,843.60	4,009.16	—	—	—	—	56,860.08
N.B.	144,015.49	9,154.27	—	5,817.95	51,072.75	—	—	640.85	—	—	110,587.31
Que.	—	—	—	—	—	—	—	—	—	—	—
Ont.	143,419.85	13,093.92	2,884.73	26,907.20	45,149.25	34,169.78	—	2,146.00	9,705.14	—	277,475.79
Man.	177,282.81	8,460.08	1,043.07	12,866.65	21,803.16	—	—	644.91	3,635.50	—	225,736.18
Sask.	172,690.70	10,429.56	503.26	10,333.33	26,940.71	—	—	1,847.95	14,663.90	19.27	237,428.68
Alta.	38,940.66	1,688.96	—	1,451.82	19,664.92	5,618.58	—	92.34	—	—	67,457.28
B.C.	27,002.71	2,746.85	—	366.50	2,907.95	—	—	—	—	—	33,024.01
CANADA	654,884.28	53,458.36	6,632.18	60,921.66	176,985.34	43,797.52	8,275.67	28,470.12	501.36	—	Less 114.08
											1,033,812.41

Federal and Provincial Shareable Expenditures for Vocational Rehabilitation of Disabled Persons
 Fiscal Years 1962-63 and 1963-64

PROVINCE	Fiscal Year 1962-63			Fiscal Year 1963-64		
	Rehabilitation Agreement	Training (Program 6)	Total	Rehabilitation Agreement	Training (Program 6)	Total
Nfld.	\$ 21,194	\$ 18,902	\$ 40,096	\$ 16,869	\$ 31,215	\$ 48,084
P.E.I.	6,284	4,902	11,186	8,375	940	9,315
N.S.	47,476	172,672	220,148	56,860	176,269	233,129
N.B.	104,582	104,166	208,748	110,587	50,293	160,880
Que.		596,986	596,986		220,254	220,254
Ont.	151,781	429,978	581,759	277,476	440,680	718,156
Man.	168,464	72,932	241,396	225,736	161,627	387,363
Sask.	95,195	63,542	158,737	237,429	81,007	318,436
Alta.	43,880	14,770	58,650	67,457	15,018	82,475
B.C.	27,434	18,354	45,788	33,024	30,968	63,992
CANADA	666,290	1,497,204	2,163,494	1,033,813	1,208,271	2,242,084

Civilian Rehabilitation
 May, 1964.

FEDERAL PAYMENTS UNDER THE

VOCATIONAL REHABILITATION OF DISABLED PERSONS ACT

	<u>Accumulative Payments</u>	<u>1953-58</u>	<u>1958-59</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>	<u>TOTAL</u>
Newfoundland	20,316.39	8,398.19	9,023.68	10,115.70	9,230.88	10,596.78	8,434.28	76,115.90
P.E.I.	3,566.85	2,622.62	2,890.27	2,518.92	3,068.99	3,142.18	4,187.25	21,997.08
Nova Scotia	16,567.23	10,184.92	10,635.42	14,340.52	15,993.64	23,737.97	28,430.05	119,889.75
New Brunswick	24,753.90	14,544.20	16,717.43	19,179.08	23,548.89	31,290.88	55,293.66	206,328.04
Quebec								
Ontario	24,920.67	18,184.52	21,026.06	24,996.91	39,405.75	75,890.62	138,737.89	343,162.42
Manitoba	26,164.35	9,912.96	9,774.00	28,902.97	31,163.62	84,232.17	112,868.08	303,018.15
Saskatchewan	70,638.74	18,127.78	23,462.27	26,635.64	43,830.17	47,597.23	118,714.34	349,006.17
Alberta	29,614.15	11,477.47	16,919.74	18,338.68	10,391.63	21,940.08	33,728.65	142,410.40
British Columbia	10,708.27	3,434.65	3,685.00	4,378.10	5,792.41	13,717.13	16,512.00	58,227.56
	227,250.55	96,887.31	114,133.87	149,406.52	182,425.98	333,145.04	516,906.20	1,620,155.47

CIVILIAN REHABILITATION, May 1964.

FEDERAL-PROVINCIAL EXPENDITURES FOR THE VOCATIONAL REHABILITATION OF DISABLED PERSONS

(Federal Department of Labour and Provincial Rehabilitation Services)

FISCAL YEARS	1957-58	1958-59	1959-60	1960-61	1961-62	* 1962-63	1963-64
	\$	\$	\$	\$	\$	\$	\$
Vocational Rehabilitation Agreement	149,574.	193,774.	228,266.	293,812.	364,850	666,250.	1,033,813.
Vocational Training Agreement: Program "G"	540,724.	531,848.	566,572.	659,132.	736,372.	1,457,264.	1,208,271.
TOTAL	690,698.	725,622.	794,838.	957,946.	1,101,222.	2,163,494	2,242,084

* Vocational Rehabilitation of Disabled Persons Act became effective April 1st, 1962.

Civilian Rehabilitation,
Department of Labour,
OTTAWA 4, May 1964.

APPENDIX "E"

Report of Provincial Co-ordinators' Meeting - May 21-22, 1964

REPORT TO NATIONAL ADVISORY COMMITTEE ON THE REHABILITATION
OF DISABLED PERSONS

From the

Provincial Coordinators Meeting, Ottawa, May 21 and 22, 1964.

In general, the Coordinators felt that the existing legislation directly related to the vocational re-establishment of physically and mentally handicapped persons - i.e. - the Vocational Rehabilitation of Disabled Persons Agreement and Program 6 of the Canadian Technical and Vocational Assistance Agreement is fairly adequate, however, suggested that the program could be considerably improved and strengthened by implementing the following changes and filling certain limitations and gaps in service.

I. Unemployment Insurance Commission - Program 6

The Unemployment Insurance Commission regulations require, that in cases where a candidate for vocational training may be entitled to unemployment insurance benefits, that the training selection committee, prior to placement of the individual into training, obtain in writing from the U.I.C. a letter denoting claim status. Should the training selection committee decide not to wait for the letter from the U.I.C. and place the individual into training this will result in immediate suspension of unemployment insurance benefits. The training selection committee can, of course, advise the training candidate not to apply for benefits, however, in particular cases these benefits may be a major factor in meeting the individual's maintenance costs. There seems to be no logical reason for this regulation. It is a hindrance to the training selection committee and more important to the vocational rehabilitation candidate. In certain cases it is important that the candidate be admitted to training immediately following a treatment program. It often takes as long as three weeks to obtain a claim adjudication. We are advised by local officials of the U.I.C. that this arrangement is maintained for the benefit of training selection committees. If this is so we would suggest that the U.I.C. give immediate consideration to removing this barrier where it exists.

II. Socially Handicapped

The Coordinators noted a growing interest by provincial and federal government welfare officials in the process of vocational rehabilitation which has been applied successfully to the physically and mentally handicapped. The welfare officials are suggesting that this same process should be applied with equal force to chronic welfare recipients or new welfare applicants who, based on a selection system, require the application of an organized vocational re-establishment process to assist them towards a substantially gainful occupation. It would be unrealistic and costly to develop a parallel service in the provinces for this group. Rather it would appear logical to develop the closest possible working relationship with the welfare jurisdictions to appraise them of the methods proven successful and to assist them in implementing a comprehensive vocational re-establishment program which would encompass the physically, mentally and socially handicapped. This approach has the additional advantage of decentralizing vocational rehabilitation services down to the regional level. The Coordinators suggest that consideration be given to utilizing the provisions of the Vocational Rehabilitation of Disabled Persons Agreement and Program 6 to extend services to the socially handicapped. It is logical to suggest that the socially handicapped already fall within the existing definition of a disabled person and therefore no change in legislation appears necessary.

III. Academic Training

Occasionally cases are encountered which require a full year of academic training, e.g., Grade XI or Grade XII, to comply with academic prerequisites for admission to technological or university training (radiological technicians, etc.). This may also apply in cases where an individual requires assistance with their fourth year Arts to meet prerequisites for admission to postgraduate schools - e.g., Education, Social Work, Speech Pathology, etc. In cases where the applicant is under 21 years of age they can usually obtain their Grade XI or XII through the public school system. However, when the applicant is over 21 years of age the provincial Departments of Education do not accept responsibility for this academic training. In cases where the individual requires one extra year of undergraduate studies there is no provision for same through the Department of Education. It may be suggested that academic training is a provincial responsibility. Be this as it may, we are still left with the facts of life - Provinces do not accept this responsibility and the handicapped person is forced into a second poor choice. Obviously this is not good vocational rehabilitation. It has been suggested that there are other ways of filling this gap, e.g., service clubs. This type of casual arrangement is not practical in a comprehensive vocational rehabilitation program.

It is suggested that the sub-schedule pertaining to sharing in costs of university training be interpreted liberally and literally to include sharing in costs of academic upgrading in cases where the applicant is over 21 years of age and such upgrading is required as an integral part of his vocational rehabilitation. Based on experience to date it is not anticipated that this provision would be used in very many instances, however, this gap should be covered.

IV. Sheltered Employment

This is a field which has been fraught with semantic confusion. Sheltered workshops are springing up all over the country, especially those serving the mentally retarded. In Ontario alone there are at present 31 workshops for the mentally retarded and by this time next year this number may be doubled. If this trend continues without establishment of realistic standards and subsequent guidance relative to reorganization of existing operations and development of new facilities we will have a chaotic situation on our hands.

The Coordinators suggested that at the outset it is important that we try and get our own thinking clear on what is meant by sheltered employment and what it embodies. If we look at this problem in terms of function it becomes fairly clear. We require in our communities specialized facilities which we may call sheltered workshops designed to provide the following:

- (a) work assessment - of 3 - 6 weeks duration - to establish whether:-
- (i) the person is capable of producing something of value.
 - (ii) the person can work with other workers.
 - (iii) the person can accept and benefit from supervision and direction.
 - (iv) the person can sustain in a productive work situation for a full day, full week, etc.

As a result of work assessment the individual will:

- (i) go into competitive employment.
- (ii) go into formal vocational training or training on the job.
- (iii) go into work training in the sheltered workshop.
- (iv) be discharged and considered a possible candidate for a diversional activity program.

- (b) work training - 6 - 24 months duration to:-

subject the individual to a simulated work situation in order to bring him up to a level acceptable by competitive industry.

..

As a result of the work training experience the individual will:

- (i) go directly into competitive employment or self-employment.
- (ii) go into formal vocational training or training on the job.
- (iii) go into the remunerative employment section of the workshop if he is a 30% or better of normal production. If he is below this level then he will be considered a possible candidate for a diversional activity centre program.

Provision is already made in the Vocational Rehabilitation Agreement to pay a fee for work assessment and under Program 6 for payment of a tuition fee for work training. Persons engaged in the remunerative sheltered employment section would be paid on a piece-work basis.

It is conceivable that the activity centre program could be a fourth section of a sheltered workshop program and if so it should definitely be administered separately in order to provide a clear and true operating picture.

At present we have a limited number of facilities providing the services aforementioned. To facilitate necessary development in this field of activity it is suggested that provision be made in the Vocational Rehabilitation of Disabled Persons Agreement for capital grants and operating costs. The Coordinators suggested the following formula:

- (i) capital costs - 1/3 federal government; 1/3 provincial government; 1/3 by the voluntary agency or local public jurisdiction.
- (ii) sharing of salaries of certain assessment and training personnel on a 50-50 basis by the federal and provincial government.
- (iii) payment of fees for work assessment and work training as determined by the provincial rehabilitation authority and the workshop concerned.

To qualify for capital grants, operating costs and fees the facility concerned will be obliged to comply with established standards and subject to periodic inspection by the provincial rehabilitation authority. The Coordinators suggested that all federal funds relative to the development and operation of sheltered workshops should be channelled through the provincial rehabilitation authorities. Although this authority may not accept responsibility for the diversionary activity centres it is considered important that these developments be closely coordinated with the other services. In some smaller communities it may be necessary to have all four sections under one roof.

Respectfully submitted on behalf of the Provincial Coordinators,

Walter N. Boyd,
Provincial Coordinator of Rehabilitation,
Province of Manitoba.

OTTAWA, May 25, 1964.

APPENDIX "F"

Restoration Services

Report - Dr. K. H. Running

Utilization of Medical Rehabilitation and
Crippled Children Grant 1963-64

Disability Allowance Statistics

TO THE NATIONAL ADVISORY COUNCIL ON THE
REHABILITATION OF DISABLED PERSONS

REPORT FROM THE MEDICAL REHABILITATION DIVISION
OF THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE

DR. K. H. RUNDING

Dr. C. Hoffman, Chief of the Medical Rehabilitation Division, and my immediate superior, has reported to your Council at your two previous meetings. It is my intention to avoid, in so far as possible, repetition of the points that he has already covered, and to provide a word picture of the progress in medical rehabilitation in Canada, as seen by our Division, during the past twelve months.

A report on the utilization of Medical Rehabilitation and Crippled Children's Grant funds for 1963-64 has been provided and you will note that expenditures are up some \$200,000, an increase of about 8%. This may appear to be a rather insignificant increase but fortunately it in no way represents the gains in rehabilitation services that have been achieved. These achievements will be explained in more detail in the body of this report.

In an effort to complete our tour of rehabilitation facilities across Canada, Dr. Hoffman and I, during the past year, have visited Manitoba and New Brunswick and plan to visit Saskatchewan, Prince Edward Island and Newfoundland as soon as time is available and the necessary arrangements can be made with the provincial authorities. I may say that these liaison visits are very necessary to the proper functioning of our Division and we appreciate the friendly reception and the complete co-operation that we have received from both provincial and private personnel engaged in this very large field of rehabilitation.

There is no doubt that before success in rehabilitation can be achieved we must have adequate staff; staff adequate in both numbers and quality. It is in this training field that important progress has been made during the past year. A new school of physiotherapy was formed last fall at Dalhousie University sponsored jointly by Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland. The initial class of 16 physiotherapists started training last September and were selected from a group of 45 applicants. It is understood that a school of occupational therapy is also in the planning stage and these two schools should help to alleviate the acute shortage of such medical ancillary personnel in the Atlantic Provinces. As planning must come first it is fair to mention further progress in this training field in the form of plans for a new school of physiotherapy at the University of Saskatchewan and possibly one or two more in other areas of Canada.

Speech therapy is too important a service to have been neglected for such a long time but now brighter horizons are in view and rapid progress is being made in training staff for this very important work. It has perhaps its most rewarding application in the preparation of the pre-school handicapped child to enable these children to compete on a more even footing with their normal classmates. It must not be forgotten that it has an equally rewarding but more limited application to the rehabilitation of the young or middle-aged hemiplegic. Speech training teaching facilities are presently operating in Toronto and Montreal. Some \$300,000 has been spent during the past year in sponsoring training in this and other allied medical ancillary professions.

To turn now to something that had a dramatic impact on the rehabilitation programs of Canada and many of the civilized countries of the world; I would like to discuss the Thalidomide tragedy and its stimulating repercussions on the rehabilitation services in Canada. As all of you are aware, the sum of \$200,000 was set aside in 1962 to provide financial support for prosthetic research and training facilities in the area of congenital deformities. In 1963, following a report of the

Special Committee on Thalidomide deformities, three special centres were organized, one each in Montreal, Toronto and Winnipeg. At the occasion of your last meeting in May, 1963, a special course was being held in Toronto at the Crippled Children's Centre and at Sunnybrook Hospital. Here special teaching teams of medical experts from Toronto, University College of Los Angeles, and the University of Illinois combined their very considerable talents in a successful teaching program directed towards the special problems of extremity deformities. Special treatment teams from most provinces attended; the medical specialists attending from May 15th to 18th, the therapists and social workers from May 13th and the Prosthetists for the whole course May 6th to 18th. This course was most important in that during the short space of two weeks medical treatment teams from across Canada were brought up-to-date with the current concept of treatment in this particular field and standardization and quality of treatment was assured. I think that we can feel justifiably proud of the speed in which our Federal and Provincial governments responded to the medical problems presented by this particular tragedy. At present all three centres are occupied with research and training in the application of prosthetic devices to aid in the mobility of children and adults with limb deformities or amputations.

I think that it should be mentioned here, that holding a very key position on the staff of each of these research centres is a bio-medical engineer, and in addition to the work being accomplished at the three special centres, important research on externally powered devices is being undertaken by the engineering faculty of the University of New Brunswick.

Since 1960 the number of projects approved has grown from 38 receiving three quarters of a million dollars annually to approximately 100 in 1963 receiving assistance of approximately two million dollars. During the past twelve months or so, 20 new projects have been approved, five in research, four in training and the remainder in the treatment area. In retrospect this is a spectacular growth of services which would not have been possible without the establishment of the Medical Rehabilitation and Crippled Children's Grant and parallel consulting services in the medical rehabilitation field.

It must be admitted that all the above presents a very sketchy outline of recent progress in the medical rehabilitation field and leaves out the background of very noble efforts on the part of so many volunteer agencies who continue to give such needed support in the rehabilitation of disabled persons.

In planning ahead there is no doubt that insured out-patient services under Hospital Insurance Plans will have some affect on the utilization of funds under the Medical Rehabilitation and Crippled Children Grants, yet it seems certain that many new and worthwhile avenues of service in the rehabilitation field, will open up in the months ahead. We should, think of more hospital based home care programs, the medical component of sheltered workshop programs, pre-school teaching and treatment facilities and of course, continue to give stimulus and support to new teaching programs in an effort to increase the number of qualified personnel engaged in this ever expanding problem of rehabilitation of the disabled.

(Sgd.) K. H. Running

K. H. Running, M.D.

UTILIZATION OF MEDICAL REHABILITATION & CRIPPLED CHILDREN'S GRANT

1963-64 *

PROVINCE	TYPE OF PROJECT	AMOUNT AVAILABLE & %	AMOUNT APPROVED & %
NEWFOUNDLAND	SERVICES TRAINING EQUIPMENT		30,266 27,002 0,232
		\$ 73,814	2.9% 73,500 99.9%
P.E.I.	SERVICES TRAINING		7,948 4,649
		12,597	0.5% 12,597 100%
NOVA SCOTIA	SERVICES TRAINING		58,875 26,511
		86,287	3.3% 85,386 99.0%
NEW BRUNSWICK	SERVICES TRAINING RESEARCH		62,962 23,453 6,000
		92,415	3.6% 92,415 100%
QUEBEC	SERVICES TRAINING RESEARCH		546,963 74,279 33,466
		738,562	28.6% 654,708 88.6%
ONTARIO	SERVICES TRAINING EQUIPMENT RESEARCH		248,799 46,772 84,046 60,858
		871,078	33.8% 440,476 50.6%
MANITOBA	SERVICES TRAINING		95,782 31,483
		136,948	5.3% 127,265 92.9%
SASKATCHEWAN	SERVICES TRAINING		38,856 12,490
		136,270	5.2% 51,346 37.7%
ALBERTA	SERVICES TRAINING EQUIPMENT RESEARCH		83,800 31,890 334 4,720
		196,010	7.6% 120,744 61.6%
B.C.	SERVICES TRAINING		198,849 36,400
		235,249	9.1% 235,249 100%
N.W.T.	SERVICES	750	0.1% 750 100%
CANADA		2,579,980	100% 1,894,436 73.4%

* Tentative figures subject to final adjustments

DISABILITY ALLOWANCES STATISTICS, NEW ENTRANTS, 1963

PROVINCE	JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTALS
N.FLD.	25	13	21	11	22	14	26	16	13	24	26	22	233
P.E.I.	-	12	-	6	1	6	-	-	9	4	0	15	53
N.S.	25	30	29	24	43	14	51	36	28	35	21	52	388
N.B.	17	24	10	20	19	17	25	9	12	24	21	20	212
QUE.	79	82	102	81	84	96	101	96	94	111	115	108	1,149
ONT.	244	254	230	190	233	203	156	213	294	246	262	287	2,812
VAN.	15	9	9	4	13	8	12	7	6	11	10	8	112
SASK.	27	18	12	8	29	16	14	18	14	9	15	7	187
ALTA.	14	12	19	21	15	20	18	22	11	16	13	20	201
B.C.	27	19	19	9	10	25	7	16	15	18	28	20	213
N.W.T.	-	-	-	-	2	-	-	1	-	-	-	1	4
YUKON	1	-	-	2	1	-	1	-	-	1	4	-	10
CANADA	474	473	451	376	472	419	411	428	496	499	515	560	5,574

DISABILITY ALLOWANCES STATISTICS, CUMULATIVE MONTHLY CASELOAD, 1963

PROVINCE	JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
N.FLD.	1,418	1,426	1,436	1,434	1,449	1,455	1,472	1,484	1,495	1,510	1,525	1,544
P.E.I.	794	805	795	797	792	796	792	787	796	789	784	798
N.S.	2,896	2,910	2,919	2,918	2,949	2,935	2,967	2,991	3,010	3,027	3,030	3,063
N.B.	2,046	2,064	2,060	2,071	2,077	2,084	2,096	2,085	2,093	2,104	2,115	2,122
QUE.	21,519	21,410	21,347	21,244	21,186	21,158	21,147	21,057	20,991	20,936	20,890	20,887
ONT.	14,713	14,813	14,886	14,921	14,996	15,048	15,043	15,093	15,251	15,369	15,477	15,607
VAN.	1,513	1,514	1,520	1,517	1,517	1,520	1,523	1,521	1,517	1,517	1,516	1,521
SASK.	1,590	1,601	1,602	1,597	1,612	1,620	1,626	1,640	1,647	1,648	1,644	1,631
ALTA.	1,785	1,774	1,780	1,791	1,793	1,797	1,805	1,816	1,804	1,803	1,797	1,811
B.C.	2,234	2,241	2,248	2,242	2,247	2,270	2,264	2,269	2,266	2,267	2,298	2,313
N.W.T.	21	21	21	21	22	22	23	24	24	25	29	30
YUKON	7	7	7	7	7	7	6	6	6	6	6	6
CANADA	50,536	50,586	50,621	50,560	50,647	50,712	50,764	50,773	50,900	51,001	51,111	51,333

NUMBERS AND PERCENTAGE DISTRIBUTION OF DISABILITIES OCCURRING MOST FREQUENTLY IN CASES GRANTED
DISABILITY ALLOWANCES, BY PROVINCE, APRIL 1962 TO MARCH 1963

Disabilities	Nfld.	P.E.I.	N.S.	N.B.	Q.C.	Ont.	Man.	Sask.	Alta.	B.C.	Total	Percentage Distribution by Province	
												Canada	Federal
1. Mental Deficiency													
2. Arteriosclerosis and Degeneration	71.	23	149	68	349	553	64	93	85	36	1,541	100.0%	28.3
3. Myocardial Disease	8	7	38	4	18	237	2	3	3	1	421	7.7	
4. Neoplasms	1.2%	1.7%	9.0%	1.0%	1.0%	80.0%	0.5%	0.7%	0.7%	1	100.0%		
5. Psychopathic Disorders	7	5	24	1.8	55	179	6	5	12	3	314	5.8	
6. Rheumatoid Arthritis and Allied Conditions	2.2%	1.6%	7.6%	1.7%	5.5%	57.0%	1.2%	1.6%	3.8%	1.0%	100.0%		
7. Cerebral Embolism and Venous Thrombosis	1.5%	3	24	2	35	137	8	30	12	19	285	5.2	
8. Epilepsy	1.7%	1.1%	8.1%	1.2%	12.3%	48.1%	2.8%	10.5%	4.2%	6.7%	100.0%		
9. Multiple Sclerosis	18	2	24	10	32	71	6	10	5	7	219		
10. Cerebral Spastic Infantile Paralysis	1.6%	1.1%	8.8%	1.0%	1.4%	38.0%	2.0%	2.2%	1.3%	1.2%	187	100.0%	3.4
11. Other Cerebral Paralysis	6	3	8	2	53	68	2	1.7%	1.0%	9	150	100.0%	2.8
12. Osteoarthritis, Arthrosis and Other Joint Diseases	4	4	12	2	23	57	7	11	5	7	142		
13. Hypertensive Disease	2.8%	2.8%	8.5%	1.5%	23.2%	40.1%	4.9%	7.7%	3.5%	3	109	100.0%	
14. Bronchitis	1	1	8	3	44	29	1	12	12	1	141	100.0%	2.6
15. Diseases of the Liver and Viruses	1.2%	1.3%	8.0%	2.0%	44.0%	29.0%	1.0%	7.2	10.0%	1	100	100.0%	1.8
All Other Disabilities	59	18	52	4	3	61	1.1%	1.1%	1.1%	1	1.1%	1.1%	1.7
All Disabilities	208	73	373	7.9	998	2,832	19.4%	57.9%	2.6%	2.3%	481	100.0%	1.7
	3.8%	1.4%	6.9%	3.3%	18.3%	52.0%	2.9%	4.2%	3.3%	3.3%	206	5.44%	35.5
											100.0%		

APPENDIX "G"

Report of the Medical Advisory Committee on
Early Referral of Treatment Cases to Vocational Rehabilitation

REPORT OF THE MEDICAL COMMITTEE ON EARLY REFERRAL
OF TREATMENT CASES TO VOCATIONAL REHABILITATION

The committee met on May 24th, following earlier communication by mail, to consider a list of suggestions as to how the process of early referral could be improved. The committee wishes to acknowledge the co-operation of the provincial co-ordinators of rehabilitation, who submitted many of the suggestions.

Not all suggestions are appropriate in all parts of the country, in view of the variation in rehabilitation programs from one province or community to another, depending on many factors such as provincial government structure and philosophies, the role of voluntary agencies, and the size and nature of populations to be served.

The importance of the integration of community resources is stressed. Existing government programs are not individually comprehensive and are therefore in a sense fragmented, but fragmented programs at service level are inadequate. Although higher levels of government can achieve extensive co-ordination, truly effective rehabilitation programs are only achieved by co-ordination at community level.

One observation has been made regarding the patients of private physicians. So-called ward cases appear to have better access to the full range of rehabilitation services than have private patients. This is perhaps the result of a feeling among physicians and private patients that utilization of rehabilitation services is an acknowledgment of indigency or social inadequacy. Comprehensive insured medical care programs would improve this situation.

Some other questions warrant consideration. For example, what is the actual potential caseload for vocational rehabilitation programs? Many references are made to the "large numbers", but are reliable statistics available? Reference is made as well to large numbers of persons receiving welfare assistance because of conditions that could have been remedied, had rehabilitation been instituted in the early stages of disability five or ten years ago. This reference may be misleading, since rehabilitation resources of five or ten years ago were not what they are today. One may ask, therefore, what proportion of cases with recently acquired disability is being missed by present day programs? Is research study in this area potentially useful in planning program development?

The committee recommends the following suggestions to the National Advisory Council, as measures which would contribute to the early referral of treatment cases to vocational rehabilitation. Grouped under three headings - "Provincial Activities", "Hospital Based Activities", and "Education and Information", the suggestions are:-

Provincial Activities:

(1) That there be adequate assessment and review of recipients of social assistance for rehabilitation potential, and that an appropriate rehabilitation report form be used by welfare departments for all applicants having a health problem.

(2) That there be development of registries of crippled children and adults, employing standards common to all provinces, with periodic review of registries for the identification of rehabilitation candidates.

(3) That medical data on applicants for disability allowance be provided to rehabilitation and registry services for identification of possible candidates for rehabilitation.

(4) That provincial departments of health give leadership in integrating the efforts of other departments of government, the medical profession, and voluntary health agencies, in developing co-ordinated screening and service programs.

(5) See item (4) under Hospital Based Activities.

Hospital Based Activities:

(1) That there be developed in general hospitals a rehabilitation committee composed of the appropriate medical and para-medical staff (including medical social service), with representation from community rehabilitation services, and including the Medical Officer of Health where appropriate.

(2) That the above committee have primarily a case finding function, to assure that all patients including outpatients, who can benefit from rehabilitation procedures, are referred to the appropriate community resource.

(3) That vocational rehabilitation counsellors be assigned to regular visiting of hospitals, similar to the pattern of D.R.O. visiting in British hospitals.

(4) That the National Employment Service be included in all planning relative to rehabilitation programs at community level, and where it is appropriate, that the Special Services Officers (Placement) work directly with the rehabilitation programs.

Education and Information:

(1) That rehabilitation centres, and departments of physical medicine and rehabilitation of hospitals, act as hosts to medical and other groups in the community for visits of observation, institutes, seminars and refresher courses.

(2) That there be a program of public education at national, provincial and local levels regarding rehabilitation.

(3) That immediate steps be taken to assure that the teaching of rehabilitation principles in medical schools, schools of nursing, schools of social work etc, be given proper emphasis.

Research:

The Committee feels that properly designed hospital-based research study could add to the knowledge of the problems of early referral, but that this study should be of hospital populations, including outpatients, rather than of hospital records. The committee is prepared to give further consideration to the detailed nature of such a study, if requested to do so.

Committee -

Dr. G.R.F. Elliot
Dr. Brock M. Fahrni
Dr. Gustave Gingras
Dr. T.A. Knowling (Absent)
Dr. E.W. Lidington
Dr. O. Hoffman (Chairman)

May 24, 1964.

APPENDIX "H"

Vocational Training

Report - Mr. C. R. Ford

Enrolments for Vocational Training under Program 6,
By Sex, 1963

New Enrolments for Vocational Training Under Program 6, 1963

Training of Disabled Persons

Under Program 6 of the

Technical and Vocational Training Agreement

There were no particularly remarkable changes in Program 6 during the year 1963, however, as indicated on the attached table 3345 persons took training during the year 1963 compared with about 1200 in 1958 and less than 700 under similar programs in 1954. About 40% of the trainees were women.

Training on-the-job contracts were arranged in 224 cases during 1963. It would seem logical to promote the development of more T.O.J. opportunities as more adequate field supervision can be provided. With good supervision and the preparation of training schedules to cover the contract period, this arrangement can be most useful. It may fit disabled persons into a variety of miscellaneous occupations which, individually do not occur frequently enough to warrant the establishment of school courses. It substitutes wages for living allowances and normal instructional costs and most important, it goes a long way toward solving the placement problem. The importance of close supervision cannot however be overstressed for T.O.J. training.

In recent months we have noted evidence of more concern for the rehabilitation of mentally handicapped persons. When individuals have been suffering from mental disease our main problem may be to distinguish between treatment for the re-establishment of lost faculties and training with a definite occupational objective.

You will be aware that the education of retarded children has gotten much more attention in recent years. This interest is now being reflected in a few vocational training programs for them under Program 6. Again we must make sure that such courses have a realistic occupational objective and that prior to being enrolled in the vocational courses these youths may have the opportunity, in the regular school system, to get all the basic education they can possibly absorb. Encouraging results are being obtained from specially planned courses in Building Maintenance for boys and training as Domestics for girls.

There is little point in giving retarded persons training for occupations where there are a limited number of opportunities for employment. This is, of course, only true in a general way because there are varying degrees of retardation and competition for a variety of unskilled and skilled jobs.

We are also pleased to report that many of the new schools which have been built are designed to accommodate handicapped persons more readily.

There remains much to be done but the general trends relative to the quality and quantity of training for disabled persons are encouraging.

C. R. Ford,
Director,
Technical and Vocational
Training Branch.

OTTAWA, May 8, 1964

ENROLMENTS FOR VOCATIONAL TRAINING UNDER PROGRAM 6

BY SEX

January 1, 1963 to December 31, 1963

<u>PROVINCE</u>	<u>In Training</u> <u>December 31, 1962</u>		<u>New Enrolments</u> <u>January 1, 1963 to</u> <u>December 31, 1963</u>		<u>TOTAL</u>
	<u>Men</u>	<u>Women</u>	<u>Men</u>	<u>Women</u>	
Nfld.	55	9	82	8	154
P.E.I.	4	1	4	0	9
N.S.	76	22	157	18	273
N.B.	63	42	76	38	219
Que.	155	247	216	358	976
Ont.	283	196	313	197	989
Man.	87	22	239	78	415
Sask.	44	16	54	71	165
Alta.	12	6	18	6	42
B.C.	18	11	32	11	72
TOTALS	797	572	1,191	785	3,345

NEW ENROLLMENTS FOR VOCATIONAL TRAINING UNDER PROGRAM 6

January 1, 1963 to December 31, 1963

	Total in Training 1962	In Training at Jan. 1, 1963	NEW ENROLLMENTS - 1963			Total in Training 1963	Remaining in training Jan. 1, 1964
			Public Schools	Private Schools	On the Job		
Nfld.	118	64	75	3	32	90	154
P.E.I.	12	5	4	-	-	4	9
N.S.	276	98	87	72	16	175	273
N.B.	198	105	90	12	12	114	219
Que.	1,005	402	155	438	1	574	976
Ont.	937	479	138	221	151	510	989
Man.	400	109	140	161	16	317	426
Sask.	173	60	36	25	25	125	385
Alta.	40	13	19	6	1	24	49
B.C.	64	22	10	10	10	43	72
TOTALS	3,252	1,285	1,103	1,103	1,103	1,976	2,245

APPENDIX "I"

Employment Placement

Report - Mr. C. A. L. Murchison

Selective Placement of Handicapped Persons
Summary by Provinces

Presentation
on behalf of
THE UNEMPLOYMENT INSURANCE COMMISSION

to

THE NATIONAL ADVISORY COUNCIL
on
THE REHABILITATION OF DISABLED PERSONS

Ottawa, Ontario, May 25-26, 1964

The word "disabled" has a disquieting finality about it. I prefer to use the term "handicapped" for it seems to imply merely a degree of limitation and does not evoke the finality of the term disabled.

The common aim of the Vocational Rehabilitation Program is the restoration of the handicapped individual to his maximum economic, social and vocational capacity. This is brought about through the collaboration of a variety of skilled persons working together to solve complex problems presented by handicapped individuals. It has been said that no handicapped person is considered rehabilitated until he has been placed in suitable employment after being provided with rehabilitation services. In most cases the standard is successful accomplishment in paid employment; in many cases the standard will be the ability to perform the important duties of caring for a home, for we must recognize that unfortunately not all rehabilitation cases are amenable to employment placement on the competitive labour market.

Employment placement services for handicapped persons who are ready for competitive employment shall be available to such persons through the facilities of the National Employment Service. These services include the provision of technical assistance on the employment aspects of vocational assessment and of the development of a vocational plan for the individual, the mutual determination with the provinces on the capability of the handicapped person to perform in the competitive labour market, and the assurance that every possible effort towards placement is made by National Employment Offices in the provinces.

Selective Placement:

The placement of handicapped persons who are ready, willing and able to work in the open labour market is a process which is essentially similar to that of placing non-handicapped persons in employment. The key note is selectivity. It calls for the measure of their particular abilities in relation to the particular requirements of the job, and placement in a job commensurate with the individual's highest physical and mental capacities.

In our long experience we know that many employers wish to hire handicapped persons and, as you know, many of them have done so. When physical capacity of individuals is related to physical demands of jobs, combined with normal methods of selection with respect to training, experience, aptitude, ability to learn and like factors, employers will continue to engage handicapped workers.

Selective placement does not necessarily end with the placement of the applicant in the job. Selective placement often cannot be considered complete until satisfactory adjustment of the worker on the job has been established. Employers may be using disabled workers for the first time, or the applicant may be working on his first job since he incurred the disability. These are only two of the special reasons necessitating additional consideration of follow-up for handicapped applicants. Follow-up is one of the tools for measuring the effectiveness of the selective placement process. Not only is the applicant assisted in making a more satisfactory adjustment, but the employer is frequently aided in

satisfactorily handling a situation which may have been new to him. Consequently this is an effective means of further promoting the hiring of handicapped workers. It has value, too, in that it enables employment officers to become more knowledgeable concerning skill requirements and physical demands of jobs.

By and large most employers have accepted that when a handicapped person applies for a job, that person has shown qualities of the spirit which entitle him to serious consideration. The handicapped person who applies for a job has demonstrated a desire to prevail over his handicap that will assert itself as a desire to prevail over the possible difficulties of a job. The work performance of the handicapped is convincing proof of their capabilities - that is why thousands of them are accepted by Canada's employers each year.

Promotional and educational campaigns in connection with the hiring of the handicapped have had good effect. I think it is very significant of the worth of these workers when one reads from the Statement of Policy of the Canadian Chamber of Commerce and I now quote from the 1963-64 report of their annual meeting: Recommendation No. 107 reads (a) that employers continue to co-operate in the placing of physically handicapped persons in suitable jobs and (b) that employers who have not already done so investigate the possibility of employing physically handicapped persons.

Countless testimonials have been recorded concerning the work performance of handicapped workers: our special services officers across this land hear of the exploits of such workers every day in their visits to employers. No maudlin sentimentality is involved; industrial employers are guided by what is good business sense.

N.E.S. Performance:

Now how well has the National Employment Service performed in the past with regard to its commitments in Vocational Rehabilitation. In regard to the promotion of employment opportunities for the handicapped, we have carried out intensive public relations efforts. Radio scripts have been aired, TV clips shown, we recently published an excellent news letter, all have dealt with the employment placement of the handicapped. We have increased our staff of special services officers. In the past year we have acquired 137 additional positions, making a total of 384 positions in 151 of our local offices. I should point out that officers in these positions are responsible for providing services to persons other than the handicapped: these include youth, older workers, war veterans, long-term ex-servicemen, the occupationally maladjusted, those with personal problems, etc. At the moment approximately 80 of these positions are unfilled but we are endeavouring to fill them as quickly as possible.

Training:

The development and strengthening of these new officers imposes upon us a need for the provision of adequate training programs. Area schools for the training of these special services officers have been held during the past year and have included four schools in the Prairie Region, two in the Quebec Region, two in the Ontario Region, and one in the Atlantic Region. Further schools are planned for the Pacific and Quebec Regions in September. This process of staff development is a continuing program which is tailored to meet our particular requirements.

Liaison with the Provinces:

Our liaison with provincial vocational rehabilitation officials, strengthened in recent years, is proving to be very effective. From the employment standpoint, case handling has been greatly expedited. Our employment liaison officers are now working closely with provincial officials in five major centres. Mr. R.S. Allen of our Pacific Regional Office, is in daily touch with officials at Vancouver. Mrs. I Gilhespy

provides liaison service for the province of Alberta; R.A. MacCormack of Regina covers the Saskatchewan assignment. In the Maritime Provinces P.B. Howlett serves the province of New Brunswick from his Fredericton office, and F.E. McGlone of Halifax is responsible for the province of Nova Scotia.

During the fiscal year 1963-64, National Employment Service special services officers conducted one hundred and nineteen thousand, six hundred and forty counselling interviews for male and female handicapped persons. During the same period 18,457 placements were made of persons, male and female, who required some degree of presentation to employers.

Rehabilitation is a vital part of modern society's efforts to improve opportunities for its people. The whole field of rehabilitation is expanding in this country. The Vocational Rehabilitation Program is the principal arm by which the government, federal and provincial, discharges its responsibilities for restoring handicapped persons to usefulness. Here also we must mention the great number of voluntary agencies which also provide rehabilitation services --- they, too, play a vital role in the total rehabilitation effort.

Schedule R, or Program 6 as it is sometimes called, of the Technical and Vocational Training Agreement, represents the keystone upon which vocational rehabilitation is based insofar as the competitive employment aspect of rehabilitation is concerned. The services available under the provisions of this schedule are broadly based and extremely generous, I believe. We trust that you will make wide use of these valuable services in the training of handicapped persons, for the conditions of to-day's highly technical labour market in terms of education, training and skill requirements are in no way less-demanding on the handicapped than on workers in general. The effects of changes in technology will increase the number of able-bodied unskilled job seekers, thus making it more difficult for the handicapped to find work, even though the years have demonstrated that when properly placed, they match or exceed the performance of the non-handicapped worker. In competing for the rapidly diminishing job opportunities which require no special skills, the mobility of the non-handicapped worker will give him an edge over the handicapped worker.

It is our hope that the potential skills of handicapped persons will be developed to the optimum under the terms of the training agreement for it will bring into the productive strength of the country hundreds of workers, many of them with high skills who might otherwise be a drain upon the national economy.

SELECTIVE PLACEMENT OF HANDICAPPED PERSONS

Period: Fiscal Year 1963-1964

SUMMARY BY PROVINCES

<u>PROVINCE</u>	<u>PLACEMENTS</u>
Newfoundland	183
Nova Scotia	309
New Brunswick	427
Prince Edward Island	235
Quebec	5,661
Ontario	6,267
Manitoba	747
Saskatchewan	1,178
Alberta	1,576
British Columbia	1,874
<u>CANADA TOTAL</u>	<u>18,457</u>

NOTE: The above placements were made by Special Services Officers of the National Employment Service for handicapped applicants (male and female) who required a certain degree of presentation to employers.

OTTAWA, 30 April 1964.

APPENDIX "J"

Publicity

Report - Mr. G. G. Blackburn

TO THE NATIONAL ADVISORY COUNCIL ON THE
REHABILITATION OF DISABLED PERSONS

REPORT FROM
THE INFORMATION BRANCH OF THE DEPARTMENT OF LABOUR
on
REHABILITATION

Mr. Chairman, members of Council...at yesterday's meeting of Council, Dr. Hoffman, submitting the report of the Medical Committee, proposed a recommendation that there be a program of public education at the national, provincial and local levels regarding rehabilitation.

With respect to publicity promoting rehabilitation and the employment of the handicapped, I would like to point out that there will be an overall program this year which will embrace the publication of a series of pamphlets and booklets and in addition to which there will be an advertising program in which we will use the media of newspapers, television and outdoor billboards.

Before going further into the details of the program, however, I would like to draw to your attention the design which has been on display since Council met yesterday.

When the publicity program was discussed earlier this year between the Civilian Rehabilitation and Information branches, it was the general feeling that the program should have some appropriate design which, through continuing use, could become a nationally-recognized symbol for rehabilitation.

The illustration on view was the final outcome of a number of meetings and discussions between the two branches, our advertising agencies representatives and the art people involved.

We feel that this symbol could effectively achieve the purpose. It is distinct and the message is clear. To digress for a moment, I would also like to draw your attention to the fact that it could also be used as it stands to assist the program of the Older Worker Division of Civilian Rehabilitation.

The words "Everybody's Handicapped" were deliberately chosen because as some members may remember this slogan was used before - as the title for one of the films produced by the N.F.B. for the Civilian Rehabilitation Branch and in other promotional material - a great deal of publicity accrued from its use.

Although initially we would use the design as it appears here, we are quite confident that, in time, through exposure in the various publicity media, the lettering could be removed, leaving the symbol itself to identify the program and to carry the unspoken message.

With our publicity plan as it is at the moment, we could now, with Council's approval, immediately work this design into the overall publicity program. It is intended that it will be used on billboards, on posters, as a "drop-in" in magazines such as "Rehabilitation in Canada" and others, and that "mats" be made for use in newspapers.

I think the most important feature with regard to publicity, however, is the proposed plan to concentrate publicity during a "Hire the Handicapped" Week this year. Tentative plans are that such a week be held during the month of September.

Council will recall that last year at its meeting there was discussion on this subject and at that time it was felt that if such a week were planned that it might perhaps be held during the month of May.

However, in preliminary discussions with the television media - from whom, of course, we are hoping to receive public service support to augment our actual paid advertising program - it was suggested that from the point of view of receiving this help it would be best for us to go for a week in September when the demands on this media for public service support are considerably less than they are during the summer months.

Another important factor with regard to this time of the year is that the Outdoor Advertising Association of Canada can give us public service support, providing a billboard showing across the country. Such a campaign - using these two media could have a tremendous impact on the program.

Because of this support which we can get there would seem to be little doubt that September would be the best time to embark on a concentrated program to stimulate employment opportunities for the handicapped.

Our design would be the focal point of the billboard campaign, using an appropriate message running alongside the symbol.

With regard to television, we will be using two new film clips this year. One of these, on the rehabilitation theme, is a "live" treatment of visual segments taken from two of our films, "Everybody's Handicapped" and "Call it Rehabilitation". The other clip, which carries a "hire the handicapped" message, is the animated type of cartoon.

The only other aspect of the publicity program to be mentioned is in regard to pamphlets and booklets and these should prove invaluable in getting the rehabilitation message across at the local levels - one of the important areas to which Dr. Hoffman referred yesterday.

The first of these pamphlets is addressed to employers and points out to them the advantages in hiring the handicapped. The draft of this pamphlet has already been turned over to the Civilian Rehabilitation Branch for its comments and suggestions. Some 150,000 copies will be printed for distribution across the country. I might point out that we are proposing to use our design symbol as the artwork for the cover of this pamphlet. This is just an illustration of the use we can make of this design and we feel this pamphlet would be an ideal method in which to introduce the symbol.

A booklet will also be prepared. This will be addressed to community leaders and will deal with the establishment of rehabilitation services at the community level. A further pamphlet - addressed to doctors and the health services generally - will be concerned with pointing out the opportunities for new careers which can be available to the disabled through rehabilitation.

The final point to be made in the general publicity area is that the Information Branch will continue to assist the Civilian Rehabilitation Branch in the production of the magazine "Rehabilitation in Canada".

This, Mr. Chairman and members of Council, is a general rundown on our publicity plans for this coming year. We hope that it will meet the recommendation put forward by your Medical Committee, Dr. Hoffman.

I would just like to point out, finally, to members of Council that in any large scale publicity program it normally takes a year or more before it can gain full momentum and acceptance. The program I have outlined here should, we feel, provide an effective base on which we could build for the future.

